

**COMMUNITY
HEALTH
1972**

**HUNTINGDON
AND
PETERBOROUGH**

HUNTINGDON AND PETERBOROUGH COUNTY COUNCIL





PART I

ANNUAL REPORT OF THE COUNTY MEDICAL OFFICER

Report of the County Medical Officer and Principal School
Medical Officer for the year 1972

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COUNTY OF HUNTINGDON AND PETERBOROUGH

Health Committee

Chairman:

County Councillor E.A.M. Sack

Vice-Chairman:

County Councillor J.W. Taylor

The Chairman of the Council	-	County Alderman J.R. Horrell T.D.)	
)	
The Vice-Chairman of the Council	-	County Alderman J.R.D. Huckle)	ex-officio
)	
The Chairman of the Finance Committee	-	County Alderman K.C. Archer)	

County Alderman:

Mrs. A. Philpot, O.B.E.

County Councillors:

W.B. Carter	J.J. Pearlson
S.E.K. Falconer	Mrs. B.M.J. Shepherd
J.A. Farbon	A.G. Sturt
Mrs. A.M. Gibbins	Dr. H.M. Weaver, M.B., Ch.B.
Mrs. C.M. Gray	Rev. G.W. Whitlock
R. Gull	A. Wright
S.B. King	

Co-opted Members:

One Representative of the Health Executive Council: Dr. E.R. Dansie

Two Representatives of the Local Medical Committee
 Dr. I.G. Mowat, Dr. R.G. Lewin Smith.

Education Committee

The Chairman of the Council)
 The Vice-Chairman of the Council) ex-officio
 The Chairman of the Finance Committee)

Chairman:

County Alderman The Right Hon. Lord Hemingford

Vice-Chairman:

County Councillor Mrs. P. Stedman, O.B.E.

Aldermen:

Alpin, R.G.
 Blake, A.W.
 Burgess, T.H.

Earl, G.A.
 Hoefkens, R.F.
 Hunt, Dr. J.
 Johnson, G.H.

Councillors:

Bigham, W.G.
 Cashmore, W.R.
 Clements, A.W., M.M.
 Elderkin, Mrs. J.
 Ferguson, Mrs. M.
 Gibbins, Mrs. A.M.
 Grindley, W.

Gull, R.
 Harrison, D., V.R.D.
 James, E.J.
 O'Neill, B.J.
 Palmer, D.F.
 Price, Mrs W.M.
 Robinson, D.V.
 Sturt, A.G.

Co-opted Members:

Cox, The Rev. J.G.
 Dowson, Councillor A.G.
 Eyre, G.A., M.B.E.
 Edwards, T.A.
 Foster, Alderman G.A.
 Lloyd, G.

Hargreaves, S.C.
 Howland, R.L.
 Lewis, C.H., M.B.E.
 Taylor, A.H.
 Wace, Rev. H.
 Whitlock, The Rev. G.W.

Schools Sub-Committee

The Chairman of the Council)	
The Vice-Chairman of the Council)	
The Chairman of the Education Committee)	ex-officio
The Vice-Chairman of the Education Committee)	

Chairman:

Horrell J.R., T.D.

Vice-Chairman:

Gibbins, Mrs. A.M.

Aldermen:

Alpin, R.G.
 Blake, A.W.
 Burgess, T.H.

Earl, G.A.
 Hoefkens, R.F.
 Hunt, Dr. J.
 Johnson, G.H.

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 Elderkin, Mrs. J.
 Ferguson, Mrs. M.
 Gull, R.

James, E.J.
 Palmer, D.F.
 Price, Mrs W.M.
 Robinson, D.V.

Co-opted Members:

Cox, Rev. J.G.
 Dowson, Councillor A.G.
 Edwards, T.A.
 Howland, R.L.

Lloyd, G.
 Taylor, A.H.
 Wace, Rev. H.
 Whitlock, The Rev. G.W.

STAFF

County Medical Officer and Principal School Medical Officer:

George Nisbet, M.B., Ch.B., F.F.C.M., D.P.H.

Deputy County Medical Officer, Deputy Principal School Medical Officer
and Medical Officer of Health of County Districts:

James Caldwell, F.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.

Medical Officer in Department, School Medical Officer and Medical Officer
of Health of County Districts:

Philip V. Cant, M.B., Ch.B., D.P.H.

Medical Officers in Department and School Medical Officers:

Barbara D. Wilberforce, M.B., Ch.B., M.R.C.S., L.R.C.P.

Sylvia Todd, M.B., Ch.B.

Dr. J.D. McKellar, M.B., B.S. (part-time)

Ophthalmic Surgeons:

Dr. D.E. Stenhouse Stewart, M.R.C.S., L.R.C.P., D.O.M.S.

Dr. J.C. Sibthorp, M.B., B.S., M.R.C.S., L.R.C.P., D.O., D. Obst.
F.R.C.G.

Child Psychiatrists:

A. Gage, M.B., Ch.B., D.P.M.

T.K. MacLachlan, M.R.C. Psych., M.R.C.P. Ed., D.P.M. (London)

V. Pillar, M.B., M.R.C. Psych., D.C.H., D.P.M. (Durham)

B.I. Whitehead, M.A., M.B., B.Chir., D.P.M.

Principal Dental Officer:

I. J. Finkham, B.D.S., L.D.S., R.C.S. Eng.

Associate Principal Dental Officer:

A.L. Hurford, B.D.S., V.R.D.

Area Dental Officer:

Mrs. V.C. Stratton, B.D.S.

Dental Officers (part-time):

J.F. Toller, L.D.S. Eng., M.S.D.

T. Lovat, F.D.L.D.S., R.C.S.

Orthodontist (part-time):

I.D. Fulstow, B.D.S., D.Orth., F.D.S.B.C.S. Eng.

Dental Auxiliaries:

Miss J.S. Placock, D.S.A. Cert. A. Registered Dental Auxiliary (G.D.C.)
resigned 31.3.72

Mrs. T.M. Lowcock, D.S.A. Cert. A. Registered Dental Auxiliary (G.D.C.)

Miss F.R. Moulton, D.S.A. Cert. A. Registered Dental Auxiliary (G.D.C.)

Inspector under the Food and Drugs Act:

J.M. Warren, M.I.W.M.A., M.I.S.A.A.

Ambulance Officer:

J. C. Maxwell, D.F.C.

County Physiotherapist:

Miss S. A. Sherwood, S.R.P., M.S.P., O.N.C.

Senior Speech Therapist:

Mrs. M. J. Lincoln, L.C.S.T., D.T.S.T.

Speech Therapist:

Mrs. B. M. Brooks, L.C.S.T. (part-time)

Senior Educational Psychologist:

Miss E. Clayton, B.A., Dip. Psych., A.B. Psys.

Educational Psychologists:

R. B. W. Moore, M.A. (Cantab).

Miss S. Uttley, M.A.

Adviser for Special Education:

F. P. Jones, Diploma of the National College of
Teachers of the Deaf.

Adviser on Hearing Impairment:

Miss S. Dowe, Cert. of Education for Teachers
of the Deaf.

Director of Nursing Services:

Miss K. M. Selby, S.R.N., S.C.M., M.T.D., H.V. Cert.

Area Nursing Officer:

Miss A. Bullen, S.R.N., S.C.M., M.T.D.

Chief Administrative Assistant:

A. V. Barnard, D.M.A., M.I.L.G.A.

To the Chairman and Members
of the Huntingdon and Peterborough County Council.

Mr. Chairman, My Lords, Ladies and Gentlemen,

I have the honour to present my eighth Annual Report on the state of the Public Health and on the School Health Service of the County of Huntingdon and Peterborough for the year 1972.

The statistics within are for the whole County, including those for the City of Peterborough, which, being a District with certain delegated functions, has furnished the necessary returns.

The incidence of infectious disease within the County has been low. The pattern, however, is interesting in that the incidence of measles continued to be high in the St. Neots area and low in the St. Ives area. The old dictum of having alternate years as "measles years" is not now pronounced, having been influenced, I am certain, by vaccination against this condition. In Peterborough City there was quite a dramatic drop in the incidence of measles, but a most disturbing outbreak of dysentery did occur; 107 cases being notified during the year, though no specific source of spread could be traced by the Public Health Inspectors.

Respiratory tuberculosis continues to be discovered. This year there were 24 new cases compared with 30 new cases last year. The routine visits of the mass miniature radiography unit, unfortunately, have been discontinued, but should any undue incidence occur, one can be made available. 15 of the 24 cases of respiratory tuberculosis notified were from the City of Peterborough. What is worrying, however, is that 9 case of tuberculosis other than respiratory occurred in the City of Peterborough in spite of the tuberculin testing of cattle and the pasteurisation of milk, other than that sold as untreated. Again, one wonders whether stricter measures to eliminate completely tuberculosis might not be worthy of consideration. Unfortunately, those who immigrate into this country, appear to be infected after their arrival here.

The B.C.G. vaccination campaign continues. All children whose parents give consent are tuberculin tested at the age of eleven and all negative reactors are offered this vaccination against tuberculosis.

Cases of infective jaundice continued to occur, but we had no specific school or area involved. This is most puzzling.

At the County Council meeting in July 1972, I, a convinced advocate of fluoridation of drinking water supplies, received what, I think, is the most severe blow to my pride in my career in public health, when your Council decided by one vote to reverse its policy to support the fluoridation of the drinking water. Whether this was influenced by the primary demand to pay £12,500 plus £3,000 per year to introduce fluoride in the south eastern part of the County, or whether it was that some members felt that the safety of fluoride had not yet been sufficiently proved, is something which I shall never understand. At this moment many millions of the population of this world have been receiving fluoridated drinking water supplies and "this unscientific and baseless opposition to the chemical", to quote our Chief Medical Officer, is something I find difficult to understand. Responsible medical and dental

opinions throughout the world confirm that it is the cheapest and most effective way that is known to control dental decay in children. Fluoridation of the water is mandatory in Ireland, Yugoslavia and New Zealand, and at least 75 million people in the United States of America receive fluoridated water, where no harmful effect or allergy has been confirmed, and which has been balanced by undue benefits, an example of which has been instanced in this country, in Watford, where there has been a lower incidence of osteoporosis among women. It was a tragic day, I felt, for the community of this Authority. The representatives of the people make the decisions for the people. I can only express my own personal opinion to you, that it was a rather sad day to me.

Your Council is fully aware of the great importance I attach to the integration of the nursing and health visiting service, with the work of the general practitioner, and too, of the continued training of all nursing members, in keeping up to date with modern developments, by attendance regularly at refresher courses and in-service training, as is now mandatory for all general practitioners in the community. This policy has been supported, I am pleased to say, by Miss K. M. Selby, the Director of Nursing Services, and Miss A. Bullen, Area Nursing Officer, who is in charge of the district nursing and midwifery service.

The scheme of attachments of Local Authority nursing staff to all general practitioners in the County area, continues, and, as I have previously stated, the use which is made of these attachments varies widely. Progress has been dramatic in certain practices, where the attached health visitor, working from the practice premises, undertakes immunisation sessions, carries out a cytology clinic, routinely sees elderly people, taking blood pressure readings, urine testing and other simple screening methods, and conducts a diet clinic advising on obesity, diabetes, infant feeding, etc. There is quite definitely a better understanding of the work of the Local Health Authority and its preventive services by the general practitioners, in addition to the main object, which is, of course, improving patient care and making the most effective use of medical and nursing skills.

The interest in health centres within the County continues. The temporary Health Centre at Westwood, which opened in May 1971, will be moved to the Orton development area when the new permanent Health Centre at Bretton, now being built, is completed. One anticipates, however, that the latter will not be in full operation, completely furnished and staffed, before the first months of 1975. Negotiations are complete regarding health centres at Yaxley and Eaton Socon, and negotiations for further health centres at Ramsey, South Paston and the Ortons are in hand. No progress has been made, however, in renewing the scheme, which was almost complete, to have a health centre at Godmanchester, or in providing practitioner facilities in co-operation with the Health Authority's services, at Oxmoor, Huntingdon.

During the year I called a meeting, which turned out to be most dramatic, on the Battered Baby Syndrome, attended by consultants from the District Hospitals, representatives of the Social Services Department, the Police and N.S.P.C.C. It was discovered that many primary cases were taken direct to the District General Hospital, rather than to their own general practitioner, and that during the last year as many as 15 had come under suspicion at the Casualty and Paediatric Departments as possibly coming within the category of the battered baby.

syndrome, but could not be proven. Some doctors had some of these cases under observation, and it was most evident that co-ordination of knowledge and effort, to protect many of these children, was necessary. An agreed policy was adopted for any future instance ensuring that all parties concerned would be aware of the case and what was being done about it, so that unilateral action could be avoided. This County conference, I feel, was an example of how medical practitioners, consultants, police and social workers and all Local Health Authority staff could perhaps save life or prevent further injury occurring to the infants concerned. In the County, the Deputy County Medical Officer acts as Co-ordinator and much valuable work has been done during the last twelve months.

Informal meetings of all those professionals, such as Doctors, Public Health Inspectors, Engineers, Pest Control Officers, Consumer Protection Officers, Milk Board officials, Service hygienists, etc., working in the environmental health field within the County, to which I have referred in previous reports, have been held, regularly, during the year. These continue to increase in popularity, if one judges by the large number attending from District Authorities, the Services, Water and River Boards and Ministry of Agriculture, Fisheries and Food, in addition to this and neighbouring Health Authorities with co-ordinating interests within the County. In March a very educative meeting on insect and rodent control was held in Huntingdon. At Stanground in June the subject of study was sewage disposal and the prevention of river pollution, and in September the water supply sources and prevention of contamination thereto, were debated at the Brampton intake and treatment plant. Needless to say, pollution of the environment in its widest sense has produced some interesting information, most useful to other Authorities and providing discussion to mutual advantage.

These meetings have continued during 1973 to date; at Fenstanton in January the problems of milk production and distribution, in all their aspects, were examined. In March the problems arising from and the effects of noise in industry, Service life and the community, and the prevention thereof, were discussed at Peterborough. In June the problems of packaging and transport of food were considered in great detail. At each meeting we have an open forum, and any of those attending can bring up matters of interest. The meetings are further detailed in the report.

Probably as a result of this action of getting everyone together, the nuisance of Buckden Tip has been dramatically reduced during the year with the co-operation of the Hunts Refuse Disposal Company. This involved not only the local District Authorities' Inspectors, but it involved too, the River Authority's representatives. Guide lines were given to the owners for tipping in the future so that the risk to the environment is reduced to a minimum. Sampling, not only of the water, but also from the atmosphere, will continue, but it is very pleasing to record such, which I am sure will be appreciated by those living in that neighbourhood.

Again, our in-service training day was held in May as outlined in the report, with an attendance of over 200, varying throughout the day, as general practitioners, our own nurses and nurses from neighbouring authorities, and the hospitals, found it possible to attend. This current year the speakers were Dr. Dennis Guttman, Consultant Physician, discussing urinary infections, Mr. Brian Hackman, Consultant Obstetrician and Gynaecologist, the problems of th-

Abortion Act, Mr. Musson of the Department of Health and Social Security for Peterborough, brought one up to date on the supplementary benefits, and from London, Dr. Barbara Clayton of the Hospital for Sick Children, Great Ormond Street, was the specialist speaker on Metabolic Disorders of Children; I think all those who attend, find these days, or even sessions, most stimulating to their work.

Once more, I continue my attack on cigarette smoking, quoting the Chief Medical Officer of the Department of Health and Social Security, who, in 1970, made a statement which must be considered most seriously, namely that "there is no other agent in our environment that approaches the cigarette in menace to health and life". In previous years I have quoted him more fully as I do feel that responsible people should set a good example, especially before the younger generation, giving up this filthy habit so selfishly pursued, without consideration of others, by so many.

The health of the children in the County remains most satisfactory. The incidence of head lice, probably due, in the main, to the current hair fashion, continues high. I still hear criticism, that the hair of children has to be examined for head lice, but in 1972 we discovered over 500 individual cases in the school population alone, and, believe me, the incidence is much larger, though we keep no formal record of the incidence in the families of these school children, who were in a lousy condition. This amply demonstrates, in my opinion, the need for regular inspections at school. In the report you will note that we discovered 345 individual pupils in the City of Peterborough who were lousy, and, unfortunately, quite a widespread incidence throughout the whole of the County. One shudders to think, that if this routine inspection was not carried out, to what heights the incidence might rise.

No case of undernutrition of any schoolchild was discovered though we did make recommendations for extra milk for 13 pupils, mainly because of the poor family budgeting. We still find a considerable incidence of malnutrition in the form of obesity, and this continues, we note, to be the result of a family failing, very difficult to treat, due to the lack of co-operation from the parents, who are, quite often, also grossly overweight.

I deprecate the restriction of the provision of free school milk during the day, in spite of my reference above, to obesity, but, quite often, school milk was the only drink which many of the children took during the day, and, following my statements on this, I am pleased to note that water drinking facilities in many schools, have been made much more attractive. I still consider it important that children should drink ample fluid, which, preferably, should be milk, but if not, then a wholesome water supply should be readily available, provided as attractively as possible.

The work of what, some years ago, used to be the School Physiotherapist, has been expanded, and in the report you will note that the Physiotherapist, now augmented by a further Senior Physiotherapist, are carrying out treatments in the whole community, particularly with those handicapped, a Domiciliary Physiotherapy service. An interesting development has been the provision of hydrotherapy sessions in conjunction with the Springfields Education Centre in Huntingdon.

During the year, accompanied by specialist teachers (advisers of the Education Authority, and, on occasion, by the Consultant Child Psychiatrist, both I and my Deputy have made visits to special schools or hospitals, where children from this area are accommodated and taught. This insight into the work and provision made for these pupils not only has been most interesting but has been found to be of great value in discussing the special requirements of individual pupils, on whom we have to make decisions, with the parents and with the Authority. Of special interest to me in this connection are the schools for the deaf, and now that we have over 50 pupils receiving special education because of hearing impairment, it is apt to mention the excellent liaison which there is with all members of staff, professional, nursing and teaching, whether hospital or authority based, in the assessment of handicap, both physical and mental, and particularly where deafness in a child is one of the factors to be considered.

The Meetings of the County Branch of the National Deaf Children's Society of which I have the honour to be President, attracted an even larger percentage of parents than previously, along with all the specialist teachers and the many other workers in this field. Addresses this year have been given by Mr. T. Jordan, Director of Social Services of this Authority, at Peterborough in February, and Mr. I. McEwan, Headmaster of Tewin Water School, Welwyn Garden City, at Sawtry Village College in October. Mr. McEwan spoke on further education facilities for the hearing impaired. I wish to pay tribute to my colleague, Mr. Cedric P. Jones, Adviser for Special Education, who was Chairman of the Branch, to his successor, Mr. P. Login, and to Miss Betty Hay, the Headmistress of Caverstede Road Nursery School, our Secretary, not forgetting the many parents who are active members of the Committee.

I should like to express my appreciation and thanks to the Chairman, Mr. County Councillor E.A.M. Sack, the Vice-Chairman, Mr. County Councillor J.W. Taylor, and all the Members of the Health Committee, for their interest and co-operation.

Finally, I should like to express my thanks to Dr. James Caldwell, my Deputy, Mr. A.V. Barnard, the Chief Administrative Assistant, Mr. M.L. Henderson and Miss I. Burton, Administrative Assistants, for their assistance and great help during the year and in the compilation of this report.

I have the honour to be,

Your obedient servant,

G. NISBIT

County Medical Officer
and Principal School Medical Officer

14th October, 1973

1. GENERAL INFORMATION

At the end of the year, there were within the County three non-County Boroughs - the City of Peterborough, Huntingdon and Godmanchester, and St. Ives; three Urban Districts - Old Fletton, Ramsey and St. Neots; and seven Rural Districts - Barnack, Huntingdon, Norman Cross, Peterborough, St. Ives, St. Neots and Thorney.

The City of Peterborough has delegated powers for the administration of certain health services in the City.

The area of the Administrative County at the end of the year was 310 863 acres.

The rateable value on the 1st April, 1972 was £8,733,264 and the product of a new penny rate for 1972-73 was £86,659.

2 - STATISTICAL INFORMATION

POPULATION

The Registrar-General's estimate of the 1972 mid-year population of the Administrative County was 211,550 made up as follows:-

City of Peterborough 70,630 all other Municipal Boroughs, Urban and Rural Districts 140,920.

The following Table shows the population of each Sanitary District in the County, compared with the figures for mid-1971.

TABLE 1

	1972	1971
Administrative County	211,550	205,780
Municipal Boroughs and Urban Districts	131,020	128,130
Huntingdon and Godmanchester M.B.	16,970	16,570
Old Fletton U.D.	13,700	13,550
Peterborough M.B.	70,630	69,800
Ramsey U.D.	5,620	5,620
St. Ives M.B.	7,760	7,310
St. Neots U.D.	16,340	15,280
Rural Districts	80,530	77,650
Barnack R.D.	6,590	6,710
Huntingdon R.D.	17,270	16,650
Norman Cross R.D.	12,700	11,980
Peterborough R.D.	10,110	10,100
St. Ives R.D.	20,210	19,190
St. Neots R.D.	11,290	10,740
Thorney R.D.	2,360	2,280

Births

During the year 3,775 live births were credited to this administrative county. Strangely enough this figure is only 5 in excess of the number for the previous year, despite a rise in population of nearly 6,000.

Whatever other reasons may be put forward to account for this feature, the family planning service must have been responsible for a major part of the credit of this situation.

The adjusted Birth Rate of 16.7 is fractionally down compared with last year, but it is still 1.9 per thousand above the national average.

Stillbirths

46 stillbirths were recorded this year (compared with 45 in 1971) giving a stillbirth rate of 12 per thousand total live and still births - a figure identical for England and Wales as a whole.

Infant Mortality

59 infants died in the County during the year before reaching the age of twelve months. This is 6 more than occurred last year and results in an infant mortality rate of 16 per thousand live births as compared with the national rate of 17.

Illegitimacy

For the third year in succession the illegitimate birth rate remained at 6 per cent of the total live births - the national figure having risen from 8 per cent in 1971 to 9 per cent during the present year.

Deaths

1,941 deaths were recorded this year as having occurred in persons normally resident within the County. This is 116 more than in the previous year and brings the adjusted death rate per thousand population to 10.9, which is fractionally above the rate for 1971, but it is still 1.2 per thousand below the figure for England and Wales as a whole.

The following tables show the number of live and still births and deaths which occurred during the year.

TABLE 2

Live and Still Births

	<u>Male</u>	<u>1972</u> <u>Female</u>	<u>Total</u>	<u>Male</u>	<u>1971</u> <u>Female</u>	<u>Total</u>
Live Births						
Legitimate	1,831	1,714	3,545	1,755	1,773	3,528
Illegitimate	121	109	230	122	120	242
Still Births						
Legitimate	26	18	44	22	20	42
Illegitimate	1	1	2	1	2	3
 TOTAL	 1,979	 1,842	 3,821	 1,900	 1,915	 3,815

	<u>Huntingdon and</u> <u>Peterborough</u>	<u>England and</u> <u>Wales</u>
Number of live births	3,775	725,405
Live birth rate per 1000 population	17.8	14.8
Illegitimate live births (per cent of total live births)	6	9
Number of still births	46	8,794
Still births rate per 1,000 total live and still births	12	12

Deaths

Infant deaths (under one year of age) 59 12,494

Infant Mortality Rates

Total infant deaths per 1,000 total live births	16	17
Legitimate infant deaths per 1,000 legitimate live births	16	17
Illegitimate infant deaths per 1,000 illegitimate live births	13	21

Neo-natal Mortality Rate (deaths under four weeks per 1,000 total live births) 9 12

Early Neo-natal Mortality Rate (deaths under one week per 1,000 total live births) 7 10

Perinatal Mortality Rate (stillbirths and deaths under one week combined per 1,000 total live and still births) 19 22

Maternal Mortality (including abortion)

Number of deaths	2	111
Rates per 1,000 total live and still births	0.52	0.15
Total number of deaths	1,941	591,907
Death rate per 1,000 population	9.2	12.1

TABLE 7
VITAL STATISTICS FOR THE YEAR 1972
Urban and Rural Districts
Live Births and Deaths

District	Area in acres	Persons per acre	Population	Live Births				Deaths				Rate per 1,000 live birth.
				No.	Crude Rate	Area Comparability Factor	Adjusted Local Rate	No.	Crude Rate	Area Comparability	Adjusted Local Rate	
URBAN												
	Huntingdon and											
	Godmanchester Borough	7,057	16,970	294	17.3	.90	15.6	171	10.1	.99	10.0	4 14
	Old Fletton Urban	4,146	13,700	218	15.9	.98	15.6	130	9.5	1.29	12.3	5 23
	Peterborough Borough	10,022	70,630	1,103	15.6	1.03	16.1	769	10.9	1.07	11.7	19 17
	Ramsey Urban	15,926	5,620	92	16.4	1.09	17.9	68	12.1	.99	12.0	1 11
	St. Ives Borough	2,326	7,760	185	23.8	.85	20.2	57	7.3	1.17	8.5	3 11
	St Neots Urban	2,721	16,340	329	20.1	.80	16.1	138	8.4	1.41	11.6	2 5
Total for Urban Districts				42,198	17.0	.97	16.5	1,333	10.2	1.12	11.4	34 15
RURAL												
	Barnack	15,234	6,590	172	26.1	.77	20.1	33	5.0	2.12	10.6	5 39
	Huntingdon	69,853	17,270	287	16.6	.87	14.4	112	6.5	1.55	10.1	7 24
	Norman Cross	35,725	12,700	226	17.8	.92	16.4	102	8.0	1.30	10.4	2 19
	Peterborough	28,186	10,110	188	18.1	.93	17.3	119	11.8	1.10	13.0	7 37
	St. Ives	45,893	20,210	396	19.6	.85	16.7	143	7.1	1.26	8.3	3 11
	St. Neots	51,796	11,290	234	20.7	.97	20.1	87	7.3	1.29	9.4	2 11
	Thorney	21,778	2,360	51	21.6	.90	19.4	17	7.2	1.14	8.2	1 1
Total for Rural Districts				268,665	17.3	.89	17.2	1,088	7.5	1.33	10.0	25 11
Administrative County				310,863	17.8	.94	16.7	1,941	9.2	1.19	10.4	59 11
England and Wales				49,028,900	14.8	1.00	14.8	541,407	10.1	1.00	10.1	12,431 11

TABLE 4 - SHOWING DEATHS FROM ALL CAUSES AND IN DISTRICTS IN THE COUNTY 1971

CAUSE OF DEATH	AGE IN YEARS										URBAN DISTRICTS					RURAL DISTRICTS									
	All Ages	Under 4 weeks & under 1 year	1 - 4	5 - 14	15 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 & over	Huntingdon & Godmanchester Borough	Old Platten Urban	Peterborough City	Ramsay Urban	St. Ives Borough	St. Neots Urban	Barnack	Huntingdon	Norman Cross	Peterborough	St. Ives	St. Neots	Thorney	
B4 ENTERITIS AND OTHER DIARRHOEAL DISEASES	3	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-
B5 TUBERCULOSIS OF RESPIRATORY SYSTEM	1	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	1	-	-
B6(1) LATE EFFECTS OF RESPIRATORY TUBERCULOSIS	2	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-
B11 MENINGOCOCCAL INFECTION	1	-	-	-	1	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-
B14 MEASLES	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B18 OTHER INFECTIVE AND PARASITIC DISEASES	9	1	-	-	-	2	-	1	1	2	2	2	-	2	-	-	2	-	1	1	2	1	1	-	-
B19(1) MALIGNANT NEPLASM, BUCCAL CAVITY, ETC.	2	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	1	1	-	-	-	-
B19(2) MALIGNANT NEPLASM, OESOPHAGUS	10	-	-	-	-	-	-	-	2	5	3	-	2	5	-	-	2	-	-	1	5	2	6	1	-
B19(3) MALIGNANT NEPLASM, STOMACH	36	-	-	-	-	-	-	1	9	11	15	3	1	13	-	3	-	1	1	5	3	4	1	2	-
B19(4) MALIGNANT NEPLASM, INTESTINE	47	-	-	-	1	-	1	-	9	14	22	1	2	23	5	1	3	1	1	-	3	4	1	-	-
B19(5) MALIGNANT NEPLASM, LARYNX	3	-	-	-	-	-	-	-	1	2	-	-	-	-	1	-	1	-	-	-	-	1	-	-	-
B19(6) MALIGNANT NEPLASM, LUNG, BRONCHUS	118	-	-	-	-	-	2	18	30	38	30	8	9	62	3	2	8	1	6	2	5	7	5	1	-
B19(7) MALIGNANT NEPLASM, BREAST	29	-	-	-	-	-	1	5	5	8	9	2	2	10	2	2	3	2	1	1	1	-	3	-	-
B19(8) MALIGNANT NEPLASM, UTERUS	12	-	-	-	-	-	-	1	4	5	2	-	-	5	-	-	2	1	1	1	1	-	-	1	-
B19(9) MALIGNANT NEPLASM, PROSTATE	17	-	-	-	-	-	-	-	1	4	7	5	1	2	5	-	-	-	-	1	1	2	4	1	-
B19(10) LEUKAEMIA	15	-	-	-	-	-	-	2	1	4	3	5	2	-	3	-	2	-	1	3	2	1	1	-	-
B19(11) OTHER MALIGNANT NEPLASMS	111	-	-	1	1	-	4	5	17	54	25	14	5	42	1	4	5	1	7	12	8	8	2	1	-
B20 BENIGN AND UNSPECIFIED NEPLASMS	3	-	1	-	1	-	-	-	-	1	-	-	-	1	-	-	-	-	-	1	-	1	-	-	-
B21 DIABETES MELLITUS	22	-	-	-	-	-	-	-	4	8	10	1	2	7	2	-	3	-	1	1	1	1	3	-	-
B22 AVITAMINOSES	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B46(1) ENDOCRINE ETC. DISEASES	9	-	-	-	-	-	2	1	1	2	3	1	-	2	-	-	1	1	1	1	1	-	1	-	-
B23 ANAEMIAS	5	-	-	-	-	-	-	-	-	2	3	-	-	1	3	-	-	-	-	-	-	-	1	-	-
B46(2) OTHER DISEASES OF BLOOD, ETC.	2	-	-	1	-	-	-	-	1	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-
B46(3) MENTAL DISORDERS	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B24 MENINGITIS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B46(4) MULTIPLE SCLEROSIS	3	-	-	-	-	-	-	-	2	1	-	-	-	1	-	-	-	-	-	-	-	1	1	-	-
B46(5) OTHER DISEASES OF NERVOUS SYSTEM	21	-	1	1	1	3	-	-	4	5	6	1	4	4	1	-	1	1	-	1	2	4	2	-	-
B26 CHRONIC RHEUMATIC HEART DISEASE	14	-	-	-	-	-	1	-	2	2	3	6	4	-	3	-	1	1	1	1	2	1	-	-	-
B27 HYPERTENSIVE HEART DISEASE	27	-	-	-	-	-	-	-	1	3	4	19	2	-	11	-	2	-	3	2	2	4	1	-	-
B28 ISCHAEMIC HEART DISEASE	481	-	-	-	-	-	-	9	29	94	167	182	33	37	200	24	12	38	5	24	23	24	36	21	4
B29 OTHER FORMS OF HEART DISEASE	95	-	-	-	-	-	1	1	5	9	79	17	4	38	2	10	4	-	4	6	6	4	-	-	-
B30 CEREBROVASCULAR DISEASE	244	-	-	-	1	1	4	15	22	70	131	23	16	88	9	7	13	5	13	14	16	20	16	4	-
B46(6) OTHER DISEASES OF CIRCULATORY SYSTEM	98	-	-	-	-	-	2	1	2	6	26	61	6	9	44	2	1	7	1	4	3	6	8	7	-
B31 INFLUENZA	7	-	-	-	-	-	-	-	1	-	3	3	-	-	6	-	-	1	-	-	-	-	-	-	-
B32 PNEUMONIA	157	1	8	1	1	1	7	6	28	103	19	3	64	1	2	18	5	5	8	13	9	4	1	-	-
B33(1) BRONCHITIS AND EMPHYSEMA	61	-	-	-	-	-	-	2	15	22	22	6	2	21	1	5	3	-	8	4	3	4	3	1	-
B33(2) ASTHMA	2	-	-	-	-	-	1	-	-	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-
B46(7) OTHER DISEASES OF RESPIRATORY SYSTEM	18	-	1	-	-	-	2	-	2	6	7	-	2	8	-	2	1	-	-	1	-	3	1	-	-
B34 PEPTIC ULCER	16	-	-	-	-	-	1	-	2	5	8	3	-	9	1	-	-	1	2	-	1	-	2	-	-
B36 INTESTINAL OBSTRUCTION AND HERNIA	13	1	-	-	-	-	-	-	1	6	5	-	4	4	1	1	1	-	-	1	-	-	-	-	-
B37 CIRRHOSIS OF LIVER	2	-	-	-	-	-	-	-	-	1	-	1	-	-	1	-	-	-	-	-	-	-	1	-	-
B46(8) OTHER DISEASES OF DIGESTIVE SYSTEM	20	-	1	-	4	-	4	-	2	3	6	1	2	8	-	-	1	-	3	1	2	1	1	1	-
B38 NEPHRITIS AND NEPHROSIS	8	-	-	-	1	-	-	-	1	1	5	-	1	4	1	-	-	-	-	1	1	-	-	-	-
B39 HYPERPLASIA OF PROSTATE	7	-	-	-	-	-	-	1	2	1	3	-	1	2	-	-	-	-	1	1	1	1	1	-	1
B46(9) OTHER DISEASES, GENITO-URINARY SYSTEM	20	-	-	-	-	-	-	-	1	3	8	9	5	5	9	-	-	-	-	-	-	1	1	-	-
B40 ABORTION	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
B41 OTHER COMPLICATIONS OF PREGNANCY ETC.	1	-	-	-	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-
B46(10) DISEASES OF SKIN, SUBCUTANEOUS TISSUE	1	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-
B46(11) DISEASES OF MUSCULO-SKELETAL SYSTEM	15	-	-	-	-	-	-	-	1	2	5	7	2	-	6	-	-	1	1	1	1	3	-	-	-
B42 CONGENITAL ANOMALIES	23	12	5	2	-	1	-	-	1	1	1	3	1	5	-	1	2	1	5	2	3	-	-	-	-
B43 BIRTH INJURY, DIFFICULT LABOUR, ETC.	13	13	-	-	-	-	-	-	-	-	-	-	-	5	-	5	1	-	2	1	-	2	1	1	-
B44 OTHER CAUSES OF PERINATAL MORTALITY	6	6	-	-	-	-	-	-	-	-	-	-	-	3	2	-	1	-	-	-	-	-	-	-	-
B45 SYMPTOMS AND ILL-DEFINED CONDITIONS	18	-	5	-	2	-	-	-	-	-	11	1	2	10	1	-	1	1	-	-	-	-	-	2	-
B47 MOTOR VEHICLE ACCIDENTS	45	-	-	-	4	11	8	4	3	9	4	2	1	2	16	2	1	6	1	9	-	1	4	1	1
B48 ALL OTHER ACCIDENTS	28	-	1	-	3	1	-	3	2	1	17	5	-	9	5	-	1	-	3	2	1	3	-	-	-
B49 SUICIDE AND SELF-INFLICTED INJURIES	13	-	-	-	-	1	1	2	5	-	3	1	2	2	5	1	-	1	-	-	-	1	1	-	-
B50 ALL OTHER EXTERNAL CAUSES	4	-	-	-	-	-	-	3	-	1	-	-	-	4	-	-	-	-	-	-	-	-	-	-	-
TOTAL ALL CAUSES	1,941	35	24	7	10	30	25	43	110	279	545	833	171	130	769	68	57	138	33	112	102	119	143	82	17

3 - NATIONAL HEALTH SERVICE ACT, 1946

HEALTH CENTRES

(Section 21)

The Authority's policy concerning the provision of health centres continues. Discussions have taken place for the proposed health centres at Bretton, Paston, the Ortons, Yaxley, Ramsey, Sawtry and Eaton Socon. It is anticipated that a start will be made on building the health centres at Bretton, Yaxley and Eaton Socon during 1973. The anticipated health centre programme for the next five years is:-

<u>Project</u>	<u>Year Building will commence</u>
Bretton	1973/74
Yaxley	"
Eaton Socon	"
Ramsey	1974/75
Pastons	"
Ortons	1975/76
Sawtry	"
Godmanchester	1976/77
Peterborough - City Centre	c. 1978/79

CARE OF MOTHERS AND YOUNG CHILDREN

(Section 22)

Ante-Natal and Post-Natal Care

All general practitioners in the area now have attached midwives. Also the arrangements whereby the midwives take cases into the new maternity hospital in Peterborough and Primrose Lane Maternity Hospital, Huntingdon, continues most satisfactorily.

In the County area apart from one small midwives' ante-natal clinic, all ante-natal sessions are held at joint general practitioner/midwife clinics.

Although with the two General Practitioner Units now having a scheme for domiciliary midwives to deliver their patients in hospital, and bring them home early, the Authority still has a high rate of early discharge cases from hospital but more of these are after 48 hours. With the new booking schemes in operation for two hospitals, midwives now assess the social needs before the booking form is sent to the hospital, so that arrangements can be made accordingly from an early date.

TABLE 5
ANTE-NATAL AND POST-NATAL CLINICS

	<u>County Area</u>	<u>City</u>	<u>Total</u>
Number of women in attendance:			
(i) For ante-natal examination	1,874	138	2,012
(ii) For post-natal examination	866	-	866
Number of sessions held by:			
(iii) Medical Officers	-	-	-
(iv) Midwives	1,047 *	101	1,148 *
(v) G.P.'s employed on a sessional basis	-	-	-
(vi) Hospital Medical Staff	-	-	-
(vii) Total number of sessions in lines (iii) - (vi)	1,047	101	1,148
Note: Lines (i) and (ii) do not include women in attendance at sessions held by their own general practioners.			

* Includes sessions when midwife attended sessions with G.P. on attachment.

TABLE 6
ANTE-NATAL MOTHERCRAFT AND RELAXATION CLASSES

	<u>County Area</u>	<u>City</u>	<u>Total</u>
Number of women who attended during the year:			
(i) Institutional booked	559	78	637
(ii) Domiciliary booked	66	50	116
(iii) Total	625	128	753
Total number of attendances during the year	2,409	589	2,998

Dental Care

This is reported in full under Section 5 of the Annual Report of the Principal School Medical Officer. The following table shows the treatment provided for expectant mothers and children under 5 years:-

TABLE 7
DENTAL SERVICES FOR EXPECTANT AND NURSING MOTHERS
AND CHILDREN UNDER 5 YEARS

	Children 0-4 (inc.)		Expectant and Nursing Mothers	
	County Area	City	County Area	City
<u>Attendance and Treatment</u>				
Number of Visits for Treatment during Year:-				
First Visit	64	16	28	2
Subsequent Visits	118	9	55	1
Total Visits	182	25	83	3
Number of Additional Courses of Treatment other than the First Course commenced during the year	9	-	1	1
Treatment provided during the year -				
Number of Fillings	155	6	75	1
Teeth Filled	120	6	69	1
Teeth Extracted	37	18	8	1
General Anaesthetics given	18	8	1	1
Emergency Visits by Patients	13	3	3	-
Patients X-Rayed	2	-	1	-
Patients Treated by Scaling and/or Removal of Stains from the teeth (Prophylaxis)	27	2	15	2
Teeth Otherwise Conserved	19	3	-	-
Number of Courses of Treatment completed during the year	44	14	14	3
<u>Inspections</u>				
Number of Patients given First Inspection during year	149	24	27	2
Number requiring Treatment	75	16	25	3
Number offered Treatment	73	16	25	3
Number of patients re-inspected during year	16	-	6	1
<u>Prosthetics</u>				
Patients supplied with F.U. or F.L. (First time)	-	-	-	-
Patients supplied with Other Dentures	-	-	4	-
Number of Dentures supplied	-	-	7	-
			County area	City
<u>Sessions</u>				
Number of Dental Officer Sessions (i.e. Equivalent Complete Half Days) devoted to treatment for Maternity and Child Welfare Patients	88		6	
Number of Sessions for Health Education	-		-	

Ophthalmic Treatment

The arrangements whereby the pre-school child, who requires ophthalmic treatment, is referred either to the Hospital Eye Service or to the Ophthalmic Clinics which are run in connection with the School Health Service continue to work smoothly.

Premature Births

There were 214 premature live births in the County during 1972, and the number of stillbirths, all delivered in hospital, increased from 21 to 26. Of the live births, 3 were delivered at home. Although special equipment is available for premature infants, this is rarely used nowadays as the aim is to have all premature infants delivered in hospital, or transferred in an incubator immediately after delivery.

Of the 212 delivered in hospital, 192 were still alive at the 28th day, and all the domiciliary births lived to this date.

TABLE 8
PREMATURE BIRTHS

County Area (including City)

Weight at birth	Premature live births													Premature Stillbirths	
	Born in hospital						Born at home or in a nursing home								
	Total births	Died			Total births	Died			Total births	Died			Total births		Died
		within 24 hours of birth	in 1 & under 7 days	in 7 & under 28 days		within 24 hours of birth	in 1 & under 7 days	in 7 & under 28 days		within 24 hours of birth	in 1 & under 7 days	in 7 & under 28 days			
1. 21b 3oz or less	-	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
2. Over 21b 3oz up to and including 31b 4oz	19	5	2	2	-	-	-	-	-	-	-	-	-	4	-
3. Over 31b 4oz up to and including 41b 6oz	33	4	1	-	-	-	-	-	-	-	-	-	-	8	-
4. Over 41b 6oz up to and including 41b 15oz	66	2	3	-	-	-	-	-	-	-	-	-	-	5	-
5. Over 41b 15oz up to and including 51b 8oz	94	1	-	-	-	2	-	-	2	-	-	-	-	-	-
6. Total	212	12	6	2	2	-	-	-	2	-	-	-	-	24	-

Congenital Malformations

The number of congenital malformations observed at birth and notified to the General Register Office during the year was 103, the comparable figure for the preceding year being 123.

Many of the conditions listed are easily rectifiable during early childhood. The conditions found during the year are classified in the following table (1971 figures are in brackets for comparison purposes).

TABLE 9
CONGENITAL MALFORMATIONS - 1972

0.1.	Anencephalus	4	(10)
0.2.	Hydrocephalus	5	(4)
0.5.	Microcephalus	1	(-)
0.6.	Other malformations of brain or spinal cord	4	(-)
0.7.	Spina Bifida	6	(4)
0.9.	Unspecified malformations of brain spinal cord & nervous system....	1	(-)
1.1.	Specified malformations of eye	-	(1)
1.2.	Unspecified malformations of ear	1	(1)
1.8.	Accessory auricle	-	(3)
1.1.	Cleft lip	5	(2)
1.2.	Cleft palate.....	2	(1)
2.7.	Rectal and anal atresia and stenosis	2	(-)
2.9.	Other specified malformations of alimentary system	1	(1)
3.1.	Unspecified malformations of heart & circulatory system	1	(2)
3.2.	Specified malformations of heart & circulatory system	7	(10)
4.1.	Malformations of nose	-	(1)
5.2.	Undescended testicle	3	(-)
5.3.	Hydrocele	4	(1)
5.4.	Malformations of male external genitalia	-	(1)
5.5.	Malformations of female vagina & external genitalia	-	(1)
5.6.	Hypospadias, epispadias	4	(9)
6.1.	Polydactyly	-	(4)
6.2.	Syndactyly	-	(2)
6.3.	Reduction deformity hand or arm	2	(-)
6.5.	Talipes	15	(17)
6.6.	Congenital dislocation of hip	12	(18)
6.7.	Other specified malformations of upper limb or shoulder	1	(1)
6.8.	Other specified malformations of leg or pelvis	1	(1)
6.9.	Unspecified limb malformations	2	(2)
7.0.	Other malformations of musculo-skeletal system	9	(1)
7.1.	Malformations of skull or face bones	-	(2)
7.2.	Malformations of spine	-	(1)
7.5.	Chondrodystrophy	-	(1)
8.1.	Malformations of face and neck	-	(1)
8.2.	Pigmented naevus	7	(9)
8.4.	Other specified malformations of skin	1	(2)
8.5.	Ex omphalos, omphalocele	-	(1)
8.6.	Other syndromes specified due to chromosomal abnormality.....	-	(1)
8.7.	Down's syndrome	-	(5)
8.8.	Other specified syndromes	1	(-)
8.9.	Multiple congenital malformations not specified	1	(2)

A computer based register of handicapped children and those requiring special observation is maintained and arrangements are now being made to introduce a system for the developmental assessment of pre-school children at the end of this year. Each child will be tested at specific and regular intervals throughout pre-school life in order to ensure that normal progress is being made. Testing will be carried out by health visitors at a child health centre or within the home and it is hoped that in this way the current screening facilities such as hearing testing of children at risk can be extended to all children as a matter of routine, and not merely to those children considered to need special observation.

Child Health Service

The total number of children attending sessions in 1972 was 5306, this being higher than the figure for the previous year. More general practitioners are holding their own "well baby" sessions, with the health visitor in attendance, and this is to be encouraged.

The number of sessions held by health visitors only has risen also, counting those that the health visitors hold alone in general practitioner practice premises.

The general practitioner/health visitor well baby sessions give a child a much improved service, the one team being responsible for all care. With the increase in these sessions, attendance by the Authority's medical officers at child health sessions has fallen correspondingly.

TABLE 10

CHILD HEALTH SERVICE

	County Area	City	Total
Number of children who attended during the year:			
(i) Born in 1972	2,083	816	2,899
(ii) Born in 1971	1,923	861	2,784
(iii) Born in 1967-1970	1,300	495	1,795
(iv) Total	5,306	2,172	7,478
Number of sessions held by:			
(v) Medical Officers	313	11	324
(vi) Health Visitors	400	68	468
(vii) G.P.'s employed on a sessional basis	211	186	397
(viii) Hospital medical staff	-	-	-
(ix) Total number of sessions in lines (v) - (viii)	924	265	1,189

Distribution of Welfare Foods

The Health Department continued to arrange for the distribution of welfare foods to expectant and nursing mothers and children under five in accordance with the scheme of the Department of Health and Social Security.

At the end of the year there were 5 voluntary distribution points in the rural areas of the County and I am greatly indebted to these voluntary workers for their assistance in providing this valuable service. Welfare foods are also distributed from six main Clinics and 22 smaller Clinics.

The following table gives the quantities of foods sold with comparisons for 1971.

TABLE 11

	<u>1972</u>	<u>1971</u>
National Dried Milk (packets)	1,382	1,367
Orange Juice (bottles)	8,766	27,200
Cod Liver Oil (bottles)	71	776
Vatan A & D Tablets (containers)	200	1,037
Vitamin ADC Drops (bottles)	5,762	1,199
Vitamin C Tablets (containers)	176	-
Vitamin ADIC Tablets (containers)	569	-

Family Planning

The East Anglia Branch of the Family Planning Association continued to provide a family planning service in the County, clinic premises and equipment being made available, free of charge, for the use of the Association.

Clinic sessions are held at Peterborough, Huntingdon, St. Neots and St. Ives.

The Authority's domiciliary family planning service also continues to provide an important service to those patients who are unable or unwilling to attend the normal family planning clinics.

NURSING SERVICES

(Sections 23 - 25)

Throughout the year there was much greater co-operation between the general practitioners and the domiciliary nursing staff, which reflects in the increased number of visits and combined general practitioner/domiciliary staff clinic sessions, despite only a small increase in staff.

Boundaries between the local health authorities have steadily been removed during the year, so that staff now attend, in the majority of areas, all patients on their practice list.

With the implementation of the new Management Structure for the Nursing Services, two nursing officers were appointed from 1st April, 1972, one for health visiting and one for midwifery. A third, for nursing will be appointed in April 1973. Two nursing officers will be appointed to the City of Peterborough staff in 1973.

Midwifery

Once more the number of domiciliary deliveries has fallen, but the number of cases delivered by the domiciliary midwives in hospital has increased, and this figure is likely to increase still more with the rapidly expanding population, especially at present in and around Peterborough.

During the past year the number of patients discharged early from the Maternity Hospitals has remained almost the same as in the previous year.

For a number of years now it has been the policy of the Authority to encourage general practitioner/midwife ante-natal clinics, and this year the number has increased, with only a very few not participating now.

Mothercraft and relaxation classes have continued to be held by midwives and health visitors, and this year the number attending has risen by almost 200.

Health Visiting

Despite the difficulties of recruiting health visitors, the work load remains almost the same as for the previous year, but the distribution of visits has altered, with more visits to the over 65 years of age and the adults between 17 and 64, reflecting the increasing use of health visitors as the Family Visitor.

The number of infant welfare sessions has increased, more of these being health visitor only sessions with subsequent referral, if necessary, to the general practitioner. The number of children attending these sessions has risen too, despite the termination of routine weighing of babies. This offers greatly improved assessment and consultation facilities to the mothers and children.

General District Nursing

With a slightly higher establishment, the work of the District Nursing Sister has greatly increased, the largest increase being in the number of patients attending general practitioners surgeries and treated by Local Authority staff.

Training

Staff meetings have been held throughout the year to discuss various aspects of the service, and April 1974 and after. Early in January 1973 a most instructive and interesting day was spent by the health visitors, when Dr. C. Simpson Smith and Dr. Denise Robertshaw from the West Riding of Yorkshire came to demonstrate and discuss their assessment of infants programme, which came into force in this County at the beginning of the year.

The Annual Study Day was held in the Reception Room of the Town Hall, Peterborough, on the 17th May 1972, when lectures were given by Dr. P. Sykes, Consultant Psychiatrist in Mental Subnormality, Peterborough District Hospital; Mr. J.C.S. Spry-Leverton, Consultant Obstetrician and Gynaecologist, Peterborough District Hospital; Dr. Kevin Murphy, Deputy Director, Regional Audiology Research Unit, Royal Berkshire Hospital, Reading, and Dr. G.K. Laxton, Consultant in Geriatrics, Peterborough District Hospital. The final session was given by Miss S.A. Sherwood, our County Physiotherapist, on the subject of domiciliary physiotherapy.

On the 7th May this year the Annual Study Day again attracted a large audience from this and neighbouring Authorities and the Speakers on this occasion were Mr. Dennis Guttman, Consultant Physician and Mr. Brian Hackman, Consultant Obstetrician and Gynaecologist, Peterborough District Hospital; Mr. J. Musson, Assistant Manager, Department of Health and Social Security, Peterborough, and Dr. Barbara E. Clayton, Department of Chemical Pathology, The Hospital for Sick Children, Great Ormond Street, who spoke on Phenylketonuria and some other Metabolic Disorders.

District Nurse Training

The Authority again joined Cambridgeshire and Isle of Ely County Council district training course, and three members were successful in obtaining their Certificate.

State Enrolled Nurses

State Enrolled Nurses from the County Hospital, Huntingdon, and the R.A.F. Hospital, Ely, who do their geriatric training in Petersfield Hospital, Huntingdon, have spent some of their time with the domiciliary staff during the year.

Student Midwifery Training

Student Midwives have continued to do their domiciliary training in the St. Neots area, gaining knowledge in all aspects of the various Health and Welfare Services, and I should like to thank those members of staff of other

Departments who have helped so readily.

Obstetric students from the Maternity Hospital, Peterborough, have continued to visit the district for two days.

Student Health Visitor Training

Two Students completed their training in September, and six commenced training during that month, 2 at Leicester, 3 at Stevenage and 1 at the Northern Polytechnic, London.

Health Education

Unfortunately the Authority has not been able to appoint a Health Education Officer. However it has proved possible for the newly appointed Nursing Officer for Health Visiting to undertake some of this work. She has done this with considerable success and with the health visitors have held education talks and classes in many schools and also, encouragingly, many organisations have been visited in the County who have asked for help and advice.

Loan Equipment

Loan equipment is steadily increasing in variety, quality and quantity, and is a great help to all who care for the patients at home.

Central Sterilisation

Central sterilisation has continued without any major difficulties, and is much appreciated by all staff, and, at the same time, giving the patient more satisfactory care. My thanks go to all who make this service possible.

TABLE 12
MIDWIFERY SERVICE

Number of cases delivered in hospitals and other institutions but discharged and attended by domiciliary midwives	Discharged within	County Area	City
	2 days	448	75
	3 - 7 days	1,068	255
	8 or more days	550	108
	TOTAL	2,066	438
Number of domiciliary confinements attended by midwives under NHS arrangements		125	37
Number of hospital confinements conducted by domiciliary midwives		177	240

TABLE 13
HOME NURSING SERVICE

County Area

Place where first treatment during year by the home nurse took place	Number of persons treated during year aged			
	Under 5	5 - 64	65 and over	Total
Patient's home	105	925	1,900	2,930
Health Centres	-	-	-	-
GP's premises (excluding those in health centres)	107	1,622	184	1,913
Maternity and child health centres	-	-	-	-
Hospital	-	-	-	-
Residential homes	-	21	26	47
Elsewhere	13	72	28	113
TOTAL	225	2,640	2,138	5,003

TABLE 14
HOME NURSING SERVICE

City

Place where first treatment during year by the home nurse took place	Number of persons treated during year aged			
	Under 5	5 - 64	65 and over	Total
Patient's home	16	380	559	955
Health Centres	-	-	2	2
GP's premises (excluding those in health centres)	-	-	-	-
Maternity and child health centres	-	-	-	-
Hospital	-	-	-	-
Residential homes	-	-	9	9
Elsewhere	-	1	10	11
TOTAL	16	381	580	977

TABLE 15

HEALTH VISITING

Cases seen by Health and Tuberculosis Visitors during year

County Area

TYPE OF CASE		Total number of cases seen (1)	Number of cases included in col. (1) seen at special request of:-	
			Hospital (2)	G.P. (3)
1	Children born in 1972	2654	13	67
2	Other children aged under 5	5284	15	135
3	Persons aged between 5 and 16 seen as part of health visiting, (i.e. excluding those seen as part of school health service)	304	-	57
4	Persons aged between 17 and 64	376	3	129
5	Persons aged 65 and over	644	20	326
6	Households visited on account of tuberculosis	193	7	-
7	Households visited on account of other infectious diseases	107	-	15
8	Households visited for any other reason	325	3	22
9	TOTAL	9887	61	751
Number of persons included in lines 1 - 5 above who are :-				
10	Mentally handicapped	37	-	7
11	Mentally ill	84	1	14

TABLE 16

HEALTH EDUCATION SESSIONS

Number of health education sessions attended by health visitors	At health centres	16
	At GP premises (excluding those in health centres)	3
	At maternity and child health centres	5
	At school	48
	In hospital	-
	Elsewhere	19
	TOTAL	91
Number of health education sessions attended by school nurses		-

TABLE 17
CASE CONFERENCES

Number of case conferences attended by health visitors with:-	Social Workers	18
	Hospital Staff	2
	General practitioners	299
	Any combination of above	8
	Others (i.e. none of the above present)	28
	TOTAL	355

TABLE 18

HEALTH VISITING

Cases seen by Health and Tuberculosis Visitors during year

City

TYPE OF CASE		Total number of cases seen (1)	Number of cases included in col. (1) seen at special request f:-	
			Hospital (2)	G.P. (3)
1	Children born in 1970	1309	33	34
	Other children aged under 5	2168	50	46
2	Persons aged between 5 and 16 seen as part of health visiting, (i.e. excluding those seen as part of school health service)	252	6	45
3	Persons aged between 17 and 64	282	16	90
4	Persons aged 65 and over	320	3	100
5	Households visited on account of tuberculosis	111	21	1
6	Households visited on account of other infectious diseases	17	-	8
7	Households visited for any other reason	465	3	29
8	TOTAL	4944	104	415
Number of persons included in lines 1-5 above who are:-		10 Mentally handicapped	16	1
		11 Mentally ill	12	4

TABLE 19

HEALTH EDUCATION SESSIONS

Number of health education sessions attended by health visitors:-	At health centres	45
	At GP premises (excluding those in health centres)	38
	At maternity and child health centres	-
	At school	-
	In hospital	-
	Elsewhere	3
	TOTAL	91
Number of health education sessions attended by school nurses		-

TABLE 20
CASE CONFERENCES

Number of case conferences attended by health visitors with:-	Social Workers	10
	Hospital Staff	9
	General practitioners	74
	Any combination of above	1
	Others (i.e. none of the above present)	8
	TOTAL	102

VACCINATION AND IMMUNISATION

(Section 26)

The present arrangements for computer control of primary immunisation in this County and in the area of the delegated authority for the City of Peterborough have now been in operation for two years, and continue to achieve considerable success in raising protection levels for all those immunisations normally given to infants up to the age of two years.

Reference to the statistics illustrates for instance that total Measles immunisations for both areas stands at 3,698 as compared with 2,661 in the previous year. Significant but perhaps not quite so dramatic improvements have also been made in the protection levels for Oral Polio immunisation where 4,318 infants received protection during 1972 compared with 3,740 in 1971, and for the "combined dose" immunisations of Diphtheria, Whooping Cough and Tetanus which now each number 4,128 against the previous year's figure of 3,565.

A very disappointing feature of this year's statistics for the County area is the considerable fall in the number of children who have received reinforcing immunisations at the age of four years or at school entry. This does seem surprising when one considers that all parents of children in this age group regularly receive letters or questionnaires from this department in order to advise them of the need for 'boosters' and also to identify those children who need an immunisation in order that they can be brought to the attention of the appropriate family doctor. It must be concluded that the success of this type of general publicity will be limited unless it can be complemented by an adequate appointments service which will guarantee that all unprotected children are identified and that such children are offered appointments. The computerised arrangements now in use apply only to primary immunisation, but it is intended that a number of new programs will be introduced in 1974 which will provide for the central control and management of all routine immunisation by computer.

Measles Vaccine

Routine immunisation against measles was continued but for the first year since it's introduction appointments are now issued by computer in accordance with arrangements agreed between general practitioners and this department. Under these arrangements complete immunological records are kept by the computer and it is now feasible to carry out a regular and thorough check on every record, as a routine, to ensure that repeat appointments are made and failures to attend investigated in person by the health visiting staff attached to each practice. The new methods have proved most effective, and this has been reflected by the rise in the total figure for measles immunisation in this County to 2,600 in the present year from 2,031 in 1971.

Diphtheria, Whooping Cough, Tetanus and Poliomyelitis

Again it is pleasing to report a large increase in the number of children receiving a primary immunisation against these diseases throughout the year due to the introduction of computerised control of the immunisation campaign. These improvements must however be off set against a fall in the number of children receiving reinforcing immunisations against Diphtheria, Tetanus and Poliomyelitis.

In this county the arrangements for reinforcing immunisation are organised by each practice, but this is an unsatisfactory situation. Within the next two years it is planned to offer a computer-based appointments service to general practice which will cover the range of booster immunisations, and it is hoped that the new service will prove as successful as the computerised methods adopted for the organisation of primary immunisation.

TABLE 21

COMPLETED PRIMARY COURSES	1972	1971
Measles	2,600	2,031
Diphtheria	2,808	2,290
Pertussis	2,774	2,218
Tetanus	2,875	2,352
Poliomyelitis	2,848	2,210
REINFORCING DOSES		
Diphtheria	1,779	2,294
Pertussis	232	388
Tetanus	2,161	2,691
Poliomyelitis	1,836	2,296

TABLE 2c

VACCINATION OF PERSONS UNDER AGE 16 COMPLETED DURING 1972

County Area (Excluding City of Peterborough)

Completed Primary Courses - Number of persons under age 16

Type of vaccine or dose	Year of birth					Others under age 16	Total
	1972	1971	1970	1969	1965- 1968		
1. Quadruple DTPP	-	-	-	-	-	-	-
2. Triple DTP	259	2085	351	48	30	1	2774
3. Diphtheria/Pertussis	-	-	-	-	-	-	-
4. Diphtheria/Tetanus	4	3	7	2	13	2	32
5. Diphtheria	-	-	1	-	-	1	2
6. Pertussis	-	-	-	-	-	-	-
7. Tetanus	-	1	2	2	2	62	69
8. Salk	-	-	-	-	-	-	-
9. Sabin	265	2098	376	55	48	6	2848
10. Measles	136	1631	490	105	223	15	2600
11. Lines 1+2+3+4+5 (Diphtheria)	263	2088	359	50	43	5	2808
12. Lines 1+2+3+6 (Whooping Cough)	259	2085	351	48	30	1	2774
13. Lines 1+2+4+7 (Tetanus)	263	2089	360	52	45	66	2875
14. Lines 1+8+9 (Polio)	265	2098	376	55	48	6	2848

Rubella. Number of girls vaccinated between their 11th and 14th birthday 1166

Reinforcing Doses - Number of persons under age 16

Type of vaccine or dose	Year of birth					Others under age 16	Total
	1972	1971	1970	1969	1965- 1968		
1. Quadruple DTPP	-	-	-	-	-	-	-
2. Triple DTP	-	2	22	6	191	11	232
3. Diphtheria/Pertussis	-	-	-	-	-	-	-
4. Diphtheria/Tetanus	-	1	4	6	1431	103	1545
5. Diphtheria	-	-	-	-	2	-	2
6. Pertussis	-	-	-	-	-	-	-
7. Tetanus	-	-	2	9	40	333	384
8. Salk	-	-	-	-	-	-	-
9. Sabin	-	3	26	10	1602	195	1836
10. Lines 1+2+3+4+5 (Diphtheria)	-	3	26	12	1624	114	1779
11. Lines 1+2+3+6 (Whooping Cough)	-	2	22	6	191	11	232
12. Lines 1+2+4+7 (Tetanus)	-	3	28	21	1662	447	2161
13. Lines 1+8+9 (Polio)	-	3	26	10	1602	195	1836

TABLE 23

VACCINATION OF PERSONS UNDER AGE 16 COMPLETED DURING 1972

City of Peterborough

Completed Primary Courses - Number of persons under age 16

Type of vaccine or dose	Year of birth					Others under age 16	Total
	1972	1971	1970	1969	1965- 1968		
1. Quadruple DTPP	-	-	-	-	-	-	-
2. Triple DTP	137	897	183	56	66	15	1354
3. Diphtheria/Pertussis	-	-	-	-	-	-	-
4. Diphtheria/Tetanus	-	1	2	5	55	13	76
5. Diphtheria	-	-	-	-	-	-	-
6. Pertussis	-	-	-	-	-	-	-
7. Tetanus	-	-	6	-	11	111	128
8. Salk	-	-	-	-	-	-	-
9. Sabin	138	898	190	59	140	45	1470
10. Measles	59	689	204	56	81	9	1098
11. Lines 1+2+3+4+5 (Diphtheria)	137	898	185	61	121	28	1430
12. Lines 1+2+3+4 (Whooping Cough)	137	897	183	56	66	15	1354
13. Lines 1+2+4+7 (Tetanus)	137	898	191	61	132	139	1558
14. Lines 1+8+9 (Polio)	138	898	190	59	140	45	1470

Rubella. Number of girls vaccinated between their 11th and 14th birthday 149

Reinforcing Doses - Number of persons under age 16

Type of vaccine or dose	Year of birth					Others under age 16	Total
	1972	1971	1970	1969	1965- 1968		
1. Quadruple DTPP	-	-	-	-	-	-	-
2. Triple DTP	-	2	21	5	259	23	310
3. Diphtheria/Pertussis	-	-	-	-	-	-	-
4. Diphtheria/Tetanus	-	-	3	3	429	8	443
5. Diphtheria	-	-	-	-	-	-	-
6. Pertussis	-	-	-	-	-	-	-
7. Tetanus	-	-	1	3	17	527	548
8. Salk	-	-	-	-	-	-	-
9. Sabin	-	3	34	7	663	557	1264
10. Lines 1+2+3+4+5 (Diphtheria)	-	2	24	8	688	31	753
11. Lines 1+2+3+4 (Whooping Cough)	-	2	21	5	259	23	310
12. Lines 1+2+4+7 (Tetanus)	-	2	25	11	705	558	1301
13. Lines 1+8+9 (Polio)	-	3	34	7	663	557	1264

AMBULANCE SERVICE

(Section 27)

The following information has been supplied by the County Ambulance Officer:-

"It has often been said the Local Government services never have time or the trouble to review their operations or to examine the efficiency of the service that they give to the public. In 1971/72 the principal objectives given to all supervisory staff of the County Ambulance Service was to look at the existing systems and schemes, to judge and evaluate whether they could be considered adequate for current needs and to highlight problem areas so that when the new area health authorities administer the Ambulance Service in 1974 they could be well aware of weaknesses, deficiencies and the credit record of the Huntingdon and Peterborough County Ambulance Service.

The first review was in respect of training and this revealed that while technical skills were being improved and "refreshed", there was little or no attention being paid to training for supervisory duties and the management skills of junior ambulance officers. As an example all the Leading Ambulance Drivers at the three Ambulance Stations of St. Neots, Huntingdon and Peterborough have attended basic training courses but none of them had received any form of instruction in their day to day duties of handling personnel and liaising with other Local Government Departments or the Hospital Authorities. It is a measure of our weakness with the agencies for training in Local Government that when we were looking at the remedies for improving the knowledge of the junior officers in the first line supervisory duties, we found the Local Government Training Board had been running courses at Felixstowe for the Essex Ambulance Service for a number of years but we had been unaware of the facility. Now under the auspices of the Essex County Ambulance Training School Officers now spend one week at Dambury Park and then a further week's study at the Local Government Training Board course at Felixstowe.

As a result of the visit of the Medical Officer of Health for Brighton, Dr. Parker, and his Ambulance Officer together with the crew manning the cardiac ambulance on our Training Day, a review was made of the hospital in-service training that every Ambulance Driver attends following his basic course. The Ambulance personnel for the County Boroughs of Bournemouth and Brighton have recognised the fact that certain Ambulancemen with suitable training can be regarded as clinical assistants and receive an honorary contract of employment in the hospital in this capacity. The primary aim of the scheme is to train men to a very high standard in the field of cardiac and respiratory resuscitation and on completion of this advanced training the Ambulancemen are capable of providing a high quality of primary patient care at the scene of an emergency. In this way it is hoped to reduce the morbidity and mortality in the pre-hospital phase of patient care.

The skills demonstrated by the Brighton ambulancemen seemed to suggest that there might be an opportunity for certain personnel to receive the same form of training in Huntingdon and Peterborough County Ambulance Service and at the same time an examination was made towards the need for a cardiac ambulance. Unfortunately advice from the Department of Health and Social Security and a discouraging report from the consultants at Peterborough District Hospital resulted in no action being taken in this scheme and while I recognise the fact that a change at a time when the whole Ambulance Service is undergoing a reorganisation is perhaps undesirable, I certainly hope that there will be a more helpful attitude to this attempt to raise the status of the Ambulancemen from taxi driver with a first aid box to a clinical assistant with advanced skills to help the patient at the time of his greatest need.

The largest survey was undertaken in connection with the level of manning of the emergency and routine crews at all three stations in the County together with a look at the operating methods in the Control. As this task was likely to take a considerable amount of time with the additional factor that a person outside the Service can always take a better and less biased look than a person who has grown up with the scheme, I invited the Assistant County Officer from West Riding Ambulance Service to carry out a thorough review of our operational and control procedures. Mr. Fozzard was kindly seconded from the Headquarters at Birkenshaw, Leeds, to this ambulance Brigade for a period of two weeks and produced a most comprehensive report outlining a large number of recommendations for consideration. A number of the simple recommendations have been put into operation but the advice which would get us best results is at present being processed because it will need changes in the conditions of service of ambulancemen in order to obtain the maximum benefit. This review demonstrated that we give the citizens of the County of Huntingdon and Peterborough a good accident service, but in respect of our routine work we tend to drag too many patients round the countryside for too long in collecting and returning patients to their homes from hospital where they have spent the minimum time on treatment.

A very important part of the critical analysis of our work concerned consultation with staff and during the year a Joint Consultative Committee as recommended in the McCarthy Report was set up together with a Technical Committee to obtain advice about design features for ambulances and a "Which" type testing ground for new equipment. Unfortunately due to the somewhat blinkered outlook of personnel in the Ambulance Service the Joint Consultative Committee spent too much time on detail and far too little on the essential future requirements of a hospital oriented Ambulance Service.

The Technical Committee have tested a number of items of equipment and the principal addition to the emergency ambulances was the provision of scoop stretchers which allowed victims of accidents to be moved more easily from the roadside onto the stretcher.

Finally, the review revealed that while a combined Fire and Ambulance Service has many advantages, in respect of the operation work and the economic benefits producing what today is known as a cost effective service there is undoubtedly a severe weakness in the fact that when the Service is handed to the Area Health Authorities there will only be three Ambulance Officer posts, one

in control, one at the Peterborough District Hospital and one at Huntingdon, which I tried to highlight by a recommendation, regrettably turned down by the County Health Authority and the County Council to provide a Training Officer on the staff who could at least have been the liason link in forming the new Ambulance Service of the Cambridgeshire Area Health Board.

To sum up this was a year in which we looked in the mirror and were not entirely pleased with what we saw. We tried to improve the image of the Ambulanceman reflected in the mirror, but unfortunately the professional and departmentalism syndrome of the Hospital Consultants prevented us from improving the skills of the Ambulanceman. We took apart our control and mobilising scheme to find that much was sound but improvement can only be made at national level rather than in the local district and finally we exposed our weaknesses from which I hope the members of the New Area Health Board will turn our year's reflections into a better Ambulance Service for the future."

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

(Section 28)

Tuberculosis

There have been no alterations in the arrangements for the care and after-care of patients suffering from tuberculosis. The Consultant Chest Physicians carry out skin testing and B.C.G. vaccination of contacts. There are two Health Visitors who are responsible for the tracing of contacts and assist in the supervision of after-care. A report on the vaccination of school children is included in Section 4 of the report of the Principal School Medical Officer.

TABLE 24

B.C.G. VACCINATION

	County Area	City	Total
<u>Contact Scheme</u>			
Number skin tested	687	54	741
Number found positive	33	6	39
Number found negative	543	48	591
Number vaccinated	96	53	149
Babies vaccinated at birth	14	6	20
<u>School Children and Students</u>			
Number skin tested	1,944	1,069	3,013
Number found positive	24	92	116
Number found negative	1,807	977	2,784
Number vaccinated	1,803	977	2,780

Provision of Incontinence Pads

The demand for the free provision of incontinence pads on the recommendation of a doctor or nurse, continues to increase. During 1972, 35,000 pads were issued compared with 28,000 in 1971.

Venereal Diseases

Contacts

Upon notification of contacts the appropriate District Medical Officer is informed. The contact is located and advised to visit the special clinics held at Addenbrooke's Hospital, Cambridge, or Peterborough District General Hospital.

The following information which has been supplied by the Physicians in charge of Clinic Centres at Peterborough, Cambridge and other towns shows classification of cases attending the Clinics from within this County area during the year 1972. The total number treated was 707 compared with 527 for 1971.

Particulars of patients from the County of Huntingdon and Peterborough areas treated at the Venereal Diseases Treatment Centres during 1972 are given in the following table.

TABLE 25

	Cambridge		Peterborough		Bedford	
	1972	1971	1972	1971	1972	1971
Number of persons dealt with for the first time and found to be suffering from:-						
Syphilis	2	3	5	5	1	-
Gonorrhoea	13	25	79	83	2	2
Other Genital Infections	97	75	315	175	24	20
Other conditions	49	35	114	102	6	2
Totals	161	138	513	365	33	24

Physiotherapy

Miss Sherwood, physiotherapist, continues to help a large number of people in the County. She sees in the main old folk suffering from for example, arthritis, hemiplegia and physical debilities and children with spastic, spina bifida and other handicaps. This is a most worthwhile service and the physiotherapist receives more demands for her time than she is able to cope with. There is often a great advantage in the patients being treated in the local clinics, schools or their own homes rather than having to make long journeys to hospitals. General practitioners often express the need for a "local" physiotherapist and one can see a development of this with the opening of health centres in the community in the future. An additional physiotherapist will be appointed in 1973 to work in the north of the County (including the City of Peterborough). Miss Sherwood will then treat the patients in the south of the County only.

Registration of Nursing Homes

At the end of the year there was one nursing home with 25 beds registered with the County Council. Regular supervisory visits are carried out by the medical and nursing officers.

4 - NATIONAL ASSISTANCE ACT, 1948

Incidence of Blindness

There were 183 registered blind persons (83 male and 100 female) in the County on the 31st December 1972, compared with 190 at the end of the previous year. During 1972 the number of cases certified blind on Form B.D.8 was 15 (5 male and 10 female). There were 6 inward transfers to the County during the twelve months.

The number of deaths of blind persons recorded during the year was 18 (8 male and 10 female), whilst 4 male and 6 female blind persons left the County.

The following table shows the ages of blind persons on the register at the 31st December 1972. (Numbers on register at 31st December 1971, are shown in brackets.)

TABLE 26

0-	1-	2-	3-	4-	5-10	11-15	16-20
(-)	(-)	(-)	(-)	(3)	(2)	(-)	(3)
-	-	-	-	-	2	1	1
21-29	30-39	40-49	50-59	60-64	65-69	70 and over	Total
(7)	(8)	(10)	(10)	(8)	(14)	(125)	(190)
6	8	6	15	8	14	122	183

The number of cases in the County certified to be partially sighted during the year was 20. The number of partially sighted persons on the register at the end of the year was 67 (32 males and 35 females) compared with 57 (26 males and 31 females) at the end of 1971.

During the year 1 partially sighted person was an inward transfer to the County and 3 persons moved away. Persons removed from the register as follows:- 7 deaths, 1 certified blind.

The age distribution of partially sighted persons is shown in the following table:

TABLE 27

0-	2-4	5-15	16-20	21-49	50-64	65 and over	Total
(-)	(-)	(4)	(6)	(14)	(5)	(29)	(57)
-	-	7	6	15	6	33	67

The following table shows the follow-up of registered blind and partially sighted persons.

TABLE 28

	CAUSE OF DISABILITY							
	Cataract		Glaucoma		Retrolental Fibroplasia		Others	
	Blind	P/S	Blind	P/S	Blind	P/S	Blind	P/S
(1) Number of cases registered during the year in respect of which Section F of Form B.D.8 recommends:-								
a. No treatment	(1) 2	(-) 5	(-) -	(-) 1	(-) 1	(-) (-)	(6) 15	(1) 14
b. Treatment (Medical, surgical or optical).	(1) -	(2) 2	(1) -	(-) -	(-) -	(-) -	(5) 2	(8) -
(2) Number of cases at (1) b. above which on follow-up action have received treatment.	(-) -	(1) 1	(-) -	(-) -	(-) -	(-) -	(-) -	(-) -

Employment of Blind Persons

- | | |
|-----------------|---|
| (1) Homeworkers | 1 Musician
1 Chair seat repairer
1 Piano Tuner
1 Pig Breeder
1 Cane Worker |
| (2) | 1 Assembler at Papworth Industries
2 Basket makers at Norwich Institution for the Blind |
| (3) | 1 Physiotherapist
1 Company Director
1 Shorthand/Typist
1 Assembler
1 Storeman
2 Labourers
1 Farmworker
1 Packer
1 Machine operator |

At the end of the year 18 blind persons were usefully employed.

INFECTIOUS DISEASES

The incidence of notifiable infectious diseases fell by almost 50 per cent in 1972 as compared with the previous year. The figures in the following table indicate that just over 500 notifications were received this year compared with just under 1,000 in the previous twelve months.

Measles accounted for 44 per cent of the notifications received as compared with 58 per cent in 1971 and 64 per cent in 1970. It does appear, therefore, that vaccination against this condition is reducing the incidence, but not as dramatically as one would like to see achieved with the effective vaccines available. It is to be hoped that with time this infection virtually will be eliminated in the community.

A pleasing feature to note this year is the considerable decrease in the number of cases of infective jaundice which occurred - 28 in 1972 compared with 193 the previous year.

TABLE 29
INFECTIOUS DISEASES NOTIFIED IN COUNTY
for the year ended 31st December, 1972

District	Measles (excluding Rubella)	Dysentery	Scarlet Fever	Diphtheria	Acute Meningitis	Acute Polio-myelitis		Acute enceph-alitis		Malaria	Paratyphoid Fever	Typhoid Fever	Food poisoning	Whooping Cough	Tetanus	Infective Jaundice	Tuberculosis				Smallpox	Ophthalmia neonatorum	Total
						Paralytic	Non-paralytic	Infective	Post-infectious								Respiratory	Meninges & C.N.S.	Other				
URBAN																							
Huntingdon and Godmanchester	-	-	-	-	2	-	-	-	-	-	-	-	1	-	-	1	3	-	-	-	-	5	
Old Fletton	3	5	3	-	1	-	-	-	-	2	-	1	7	2	-	11	1	-	-	-	-	23	
Peterborough	72	107	2	-	1	-	-	-	-	-	-	4	8	-	-	-	15	-	-	-	-	232	
Ramsey	-	-	-	-	-	-	-	-	1	-	-	1	1	-	-	-	2	1	9	-	-	5	
St. Ives	20	-	4	-	-	-	-	-	-	-	-	1	1	-	-	6	1	-	-	-	-	27	
St. Neots	71	1	-	-	-	-	-	-	-	-	-	7	9	-	-	-	1	-	-	-	-	96	
RURAL																							
Barnack	13	3	-	-	1	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	19	
Huntingdon	13	1	1	-	-	-	-	-	-	-	-	4	1	-	-	2	-	-	-	-	-	22	
Norman Cross	2	6	6	-	-	-	-	-	-	-	-	-	-	3	1	-	1	-	-	-	-	19	
Peterborough	12	6	-	-	2	-	-	-	-	-	-	9	-	-	-	1	-	-	-	-	-	27	
St. Ives	5	3	3	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	1	-	-	14	
St. Neots	13	-	-	-	-	-	-	-	-	-	-	4	-	1	-	1	-	-	-	-	-	19	
Thorney	3	2	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	6	
Total	227	134	19	-	6	-	-	-	1	2	-	1	35	24	1	28	24	1	11	-	-	514	

6 - MEDICAL HISTORY AND STAFF EXAMINATIONS

During 1972 a total of 476 candidates for employment in the Council's service submitted statements of their medical history compared with 392 during 1971. Following scrutiny of these forms by a medical officer in department 344 candidates were found to be fit to undertake the duties of the post for which they had applied.

Recommendations were made for 33 to be referred for medical examination and one for chest X-ray in view of the history given, and a further 92 for medical examination as being 45 years of age or over. 10 of the examinations required in these two categories were undertaken on the Council's behalf by medical officers employed by other Local Authorities as they were in their employ or residing within their area.

Arrangements were made for 3 persons seeking appointments with other Local Authorities to be medically examined by medical officers in department and for a further 2 to have chest X-rays taken.

In only 4 cases was the candidate's standard of health, following medical examination, certified to be unsatisfactory for employment in the Council's service, and in a further 11 cases the standard of health was such that a recommendation was made that the candidate should be employed on a temporary basis and the condition reviewed.

28 applicants for the Fire Service and 19 for the Ambulance Service were medically examined by medical officers in department. Chest X-rays were arranged for all the applicants for the Fire Service.

7 - ENVIRONMENTAL HYGIENE INFORMAL MEETINGS

The following meetings, of all those interested in environmental hygiene within the County have taken place during 1972 and 1973 to date, and the hospitality provided by the firms and organisations visited was much appreciated.

<u>Date of Meeting</u>	<u>Location</u>	<u>No. of staff attending</u>
<u>1972</u>		
28th March	Lunch at Old Bridge Hotel, Huntingdon, by courtesy of Rentokil Laboratories Ltd. A film was shown on cockroaches and also their film "The Pied Piper of Hamelin".	45
6th June	Lunch at Windmill Inn, Orton Waterville. Visit to Pumping Station and Sewage Disposal Works at Stanground, followed by meeting in the Old Fletton Urban District Council Offices.	15
27th Sept.	Luncheon at the George Hotel, Buckden by courtesy of the Nene and Ouse Water Board, followed by a visit to Brampton Intake and Treatment Plant.	40
<u>1973</u>		
17th Jan.	Lunch at Tudor Hotel, Fenstanton by courtesy of Lea Valley Dairies Ltd., Fenstanton, followed by a tour of the Dairy.	34
21st March	Visit to Perkins Engines, Eastfield, Peterborough, Lunch was provided by courtesy of the firm and was followed by a visit to the Noise Cell and a tour of the Eastfield Factory.	31
5th June	Visit to W.R. Grace Limited, St. Neots. Lunch was provided by courtesy of the firm and a film was shown on packaging and transport of meat supplied to Supermarkets. Staff were taken on tour of the Packaging Division where they saw the manufacture of polythene bags, and of the Technical Centre and their work in connection with sealance compounds for food containers.	19

Subjects discussed at the Informal Meetings

Incidence of Rats.

Squirrels.

Deposit of Poisonous Waste Act, 1972

Refuse and Industrial Waste Disposal, including Buckden Tip.

Pollution of drinking water and provision of a pipeline from
Grafham Water to Brampton Treatment Plant.

Water Supply and Taste Panel.
Annual Report of Steering Committee on Water Quality.
Water Authorities from 1974.
Fluoridation of drinking water.
Skin infestation including the incidence of Scabies.
Smallpox Control and arrangements for an exercise.
International Certificates of Vaccination, arrangements for authentication
of medical practitioners signatures.
Malaria in "Whites".
The Hunter Report.
Botulism.
Tattooing.
Noise of Discotheques.
Safety in Poison Rooms of Public Health Departments.
Transport of dangerous chemicals by road (Hazchem System).

8 - THE COMPOSITION AND QUALITY OF FOOD AND DRUGS

I am indebted to the Chief Consumer Protection Officer for the following report which gives details of the work carried out by his Department under the Food and Drugs Act, 1955, and its ancillary legislation for the year ended 31st December 1972.

Section 83 of the Food and Drugs Act 1955 designates the County Council as the Food and Drugs Authority for the County and as the Food and Drugs Authority they are required to execute and enforce those sections of the Act, Orders and Regulations concerning Standards, Composition, Description, quality and labelling of Food and Drugs.

These sections which have been and are proposed in the Local Government Act 1972 to be administered by County Councils have in the main a national application and it is desirable that they should have the high degree of uniformity of administration which can best be achieved at County level.

These duties have been entrusted to the Consumer Protection Department on account of their integration with our other statutory duties to maintain the enforcement of standards, descriptions and labelling within one department.

The following is a brief summary of the work carried out during the year under review.

1. Milk Sampling for Composition and Quality.

During the year 373 samples of milk have been taken and analysed by the Department, all were found to be correct.

In addition, two complaints concerning milk were received and submitted to the Public Analyst.

In one instance a bottle of Channel Island milk was found to contain a microscopic amount of carbonaceous matter, traced to wear of the rubber washers used in a pipe line at the dairy. Immediate steps were taken by the Dairy to remedy the trouble and in view of the minor nature of the complaint, no further action was taken.

The other case concerned an alleged "Dirty bottle", however the dirt was on the outside of the bottle only and the milk found to be free from any extraneous matter.

2. Milk Sampling for Bacteriological and Biological Testing.

403 samples were taken and submitted to the Public Health Laboratory for testing, of these, 24 were found to be unsatisfactory.

13 of the unsatisfactory samples were bottles of pasteurised milk which

had failed the Methylene Blue test for keeping quality. In the majority of cases their failure was a result of overlong storage by the retailer. The retailers concerned were suitably advised with regard to storage and stock control and repeat samples taken have proved satisfactory.

The remaining 11 were samples of Untreated, Farm Bottled Milk which again had failed the test for keeping quality.

The results of investigation suggested that the most likely cause of the failure was trouble with the bottle sterilising equipment at the farm. The producers called in experts to carry out a thorough examination of the production line but they were unable to find a definite cause. However repeat samples taken at regular intervals have given no further cause for concern.

3. Antibiotics in Milk

22 samples taken to detect the presence of Antibiotics were all found to be satisfactory and free from contamination.

4. Other Foods sampled for Composition and Quality.

During the year 204 samples were obtained from all parts of the County, of these 26 were found to be unsatisfactory.

The majority of these unsatisfactory samples however were complaints from members of the public and constitute a very small percentage of the vast amount of satisfactory foodstuffs consumed in the County during the course of a year.

The following are reports on some of the unsatisfactory samples and full details of all samples taken will be found in the tables at the end of the report.

Whole Carrots (Tinned). A complaint was received concerning a tin of whole carrots which were found to be mouldy when opened. Examination by the Public Analyst confirmed that the carrots were heavily contaminated with mould and also found the tin to be punctured.

Enquiries showed that the damage to the tin had been sustained when the cardboard carton containing the tins had been carelessly opened with a knife on the shop premises.

In view of the fact that the retailer in question had been warned in connection with a similar incident on a previous occasion legal proceedings were instituted resulting in the retailer being convicted and fined a total of £10 with £37 costs.

New Zealand Cheddar Cheese. A fragment of metal was found to be present in a piece of New Zealand Cheddar Cheese brought to the Office by a complainant.

The matter was taken up with the importers who stated that they purchased New Zealand Cheddar Cheese through several New Zealand Dairy Board Agents and in order to trace the origin of the cheese and to determine that it was in fact

genuine New Zealand Cheddar, they would require the original container in which it had been packed. Unfortunately this was no longer available and in the circumstances a written caution was issued.

Maderia Cake. A maderia cake, again the subject of complaint, was found by the Public Analyst to contain two rodent droppings. Investigations carried out at the bakery with the local Public Health Inspector showed that there was evidence of mice since the poison used against them was being taken.

• However the complainant did not wish legal proceedings to be taken and in compliance with her wishes a written caution was issued.

Milk Chocolate Biscuit. Extraneous matter, subsequently identified by the Public Analyst as being composed of a rubber like substance and textile fibres, was found to be present in a milk chocolate biscuit.

Investigations carried out at the factory traced the source of the contamination to a conveyor belt which had started to "Break up".

The complainant was compensated by the manufacturer and wished no further action to be taken. Accordingly the matter was dealt with by way of a caution, after the manufacturer had taken steps to rectify the machinery and to prevent a reoccurrence.

Chopped Ham & Pork. A tin of chopped ham and pork was found by a complainant to contain what appeared to be a tooth. The object was later identified as an Incisor tooth of a pig.

The matter was taken up with the suppliers and importers and investigations were carried out at the factory in Holland where the product was packed. The results of these enquiries showed that in view of the fact that the head is separated from the carcass at an early stage of production, before the meat is sent to the boning and trimming department, no explanation could be offered as to how the incident could have occurred.

The packers appeared to have taken all reasonable precautions to prevent such an occurrence, however they have now incorporated additional checks and have impressed upon their staff the need for maintaining strict supervision at all times.

The complainant was generously recompensed and in accordance with his wishes a caution was issued.

Instant Non-Fat Milk. During the course of routine sampling, four samples of instant non-fat milk were reported by the Public Analyst to contain a small percentage of milk fat and were therefore in his opinion incorrectly labelled.

• Each manufacturer was advised accordingly and they have all agreed to amend their labels to read "Instant Low-Fat Milk".

Strawberry Trifle. A pre-packed strawberry trifle was found by a housewife to contain a piece of brass, subsequently identified as brazing rod.

Investigations carried out at the factory confirmed that the brazing rod was of the same type as that used by the maintenance section. However as no records were kept of the type and extent of repairs or when they were carried out, it was not possible to ascertain when this type of rod had last been used on the production line in question.

Examination of the metal detector found it to be working satisfactorily at the time of test but was not considered to be infallible.

Proceedings were instituted against the Company who were convicted and fined £20 with £9.56 costs.

Chocolate Hazelnut Luxury Bar. A complaint was received concerning a chocolate hazelnut luxury bar which had been found to contain a fragment of brass and a metal screw.

Investigations at the factory suggested that the objects entered the product at an early stage of production.

The screw was identified as being of a type used on the production line and the fragment of brass was again thought to be a brazing rod.

Metal detectors were employed, although the Company accept that they are not the best available and are in fact changing to a more efficient type. Quality control checks are carried out at regular intervals.

It would appear that there had been a breakdown in the checking system as the bars which were the subject of complaint were not marked as they should have been with a code indicating shift, day, week and year of manufacture.

In the circumstances legal proceedings were instituted against the manufacturers who were convicted and a penalty of £35 imposed.

General.

In addition to the above, several complaints were received where there was an element of doubt or where the trouble was of a minor technical nature and in these cases the only action which could be taken was to advise the manufacturers accordingly.

Labelling of Food Orders.

The final provisions of the Labelling of Food Order 1970 came into force on the 1st January 1973. This has resulted in considerable extra work examining proofs of labels and advising manufacturers and packers on the correct form and wording to be used in the labelling of Food Products.

1336 visits have been made to check the labelling of many thousands of packs to ensure correct application. Some informal sampling and weighing has been carried out to ascertain that lists of ingredients are correctly applied.

Finally, I should like to thank the Public Analyst Dr. S. Greenburgh and the Deputy Analyst Mr. J.D. Curzon for their cheerful co-operation with sound advice and assistance when requested.

JOHN M. WARREN

TABLE 10

Article	Routine Samples		Complaints	
	Genuine	Not Genuine	Genuine	Not Genuine
Bread	-	-	5	4
Biscuits and Cakes etc.	16	-	-	4
Sweets and Confectionery	10	-	-	1
Jellies and Desserts	1	-	-	1
Preserves	17	-	-	-
Fruit Squashes and Drinks	25	-	-	1
Minerals	4	-	-	1
Beverages	8	-	-	-
Cereals	4	-	-	-
Lard	1	-	-	-
Milk Products	7	4	-	1
Cream	1	-	-	-
Butter	7	-	-	1
Cheese	5	-	-	1
Egg Products	12	-	-	1
Meat Products	1	-	-	1
Sausages	9	-	-	-
Tinned Fruit	3	-	-	-
Other Tinned Food	2	-	-	-
Patent Medicines	1	-	-	-
Cosmetics	1	-	-	-
Flavourings & Colourings	4	-	-	-
Fruit and Vegetables	1	-	-	-
Condiments	4	-	-	-
Poultry and Fish	1	1	-	-
Honey	1	-	-	-
Sugar	15	-	-	-
Margarine	1	-	-	-
Stout	1	-	-	-
Total	107	5	11	11

TABLE 31

MILK

Nature of Test	Routine Sampling		Complaints	
	Genuine	Not Genuine	Genuine	Not Genuine
Heat Treated	354	13	-	-
Antibiotic	22	-	-	-
Untreated	25	11	-	-
Quality	373	-	1	1
Total	774	24	1	1

TABLE 32

Average Analysis of Milk Tested in Office Laboratory

Type of Milk	Average Fat Content	Average S.N.F. Content	Samples taken
Pasteurised, sterilised, U.H.T. homogenised	3.81	8.77	301
Channel Island	4.75	9.08	72

PART II

ANNUAL REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER



1 - MEDICAL INSPECTION

The number of pupils on the school registers at the end of the year was 27,079 compared with 25,890 in the previous year, an increase of 1,189. The comparative figure for last year was 1,468.

The arrangements made for the routine medical examination of children on school entry continued as in previous years. A selective procedure was introduced towards the end of the year for pupils at 10 years of age. Parents of children in this age group are asked to complete a questionnaire. Head Teachers and School Nurses are also asked to bring forward for inspection any children about whom they may be concerned. As a result of scrutiny of these questionnaires, the School Medical Officer decides which children merit examination. Although the selective procedure reduces the number of children for examination and allows the School Medical Officer to spend more time on children who have problems, the saving of the doctors time is negligible. School Medical Officers and School Nurses have to scrutinise questionnaires and school medical records and discuss cases with Head Teachers. The extra clerical work in despatching and sorting parental questionnaires is considerable.

With the raising of the school leaving age from 15 years to 16 years a routine periodic medical inspection is now carried out at 15 years instead of 14 years.

The percentage of pupils inspected in the periodic age groups was 22.9% compared with 23% in 1971.

TABLE I

Type of School	Number of Schools	Number of pupils on registers as at January 1973
Secondary Comprehensive	11	9,643
Primary	78	17,175
Nursery	1	94
School for Educationally Subnormal	1	113
School for Severely Subnormal	1	54
Totals	92	27,079

General Health and Nutrition

Whilst the general physical condition of children was good, 98.8% being found satisfactory, the condition of 10 children was found to be unsatisfactory, compared with 5 children the previous year. Although once again the main problem is obesity attempts to get parents to diet their children invariably meet with resistance, the usual explanation being that "it runs in the family". The odd case of undernourishment has been found mainly in agricultural labourers' families.

School Nursing Service

This service continues to run efficiently. It includes hygiene inspections, assisting at routine medical inspections, dealing with social problems in individual families with school children and giving health education when appropriate.

Findings at Periodic Medical Inspection

During the course of periodic medical inspections, 622 individual pupils were noted as requiring treatment or were in the course of having treatment; this figure is equivalent to 10.02% of the pupils inspected. The comparable figure for 1971 was 580 pupils (9.7%). 233 pupils (3.6%) had defective vision requiring treatment or being treated. This is a decrease compared with figures for 1971 when the comparative figure was 303 pupils (5.1%).

2 - MEDICAL TREATMENT OF DEFECTS.

Ophthalmology.

School Ophthalmic Clinics are held at Huntingdon, Stanground and Ramsey. Dr. D. Stenhouse Stewart attends at Huntingdon and Ramsey and Dr. J.O. Sibthorpe attends at Stanground clinic.

TABLE 2

Attendances at School Ophthalmic Clinics

	Huntingdon (Dr. Stenhouse Stewart)	Ramsey	Stanground (Dr. Sibthorpe)
During 1972 the number of sessions were:-	33	2	13
The number of patients seen were:			
New Cases	100	-	44
Old Cases	354	24	135
Attendances	454	24	179
Cases for which spectacles were provided:-	177	7	84

I am indebted to both Dr. Stenhouse Stewart and Dr. Sibthorpe for the following reports:-

"The school children referred for Ophthalmic Specialist Examination have been efficiently selected at Routine Medical Inspection, a matter of rather greater importance when, as in this area, parents and children incur expenditure of time and money in attending from a distance for that purpose. With very few exceptions, parents have been pleased to accept the invitation of the School Health Department; the services of Health Visitors who have tactfully and successfully overcome the reluctance of those who fail to keep appointments have usually been effective in the interests of the children, the frequency of attendance being restricted to an adequate minimum.

Whenever necessary and possible, appointments have been arranged during their last term at school for those who wear spectacles constantly, to ensure that their glasses are in order and up-to-date, and that their choice of future career is in keeping with the defect of sight.

This School Health Service has had valued co-operation of the Eye Department of the Hospital Service in respect of those children who need orthoptic assessment or treatment, and of the few children who have needed Eye surgery. Reciprocally, the Hospital Service returns, with Reports to the

Local Authority, those children who need follow-up attention and supervision. We will hope, and try to ensure that similar arrangements will continue under the proposed re-organisation of the National Health Service.

In particular, it would be difficult to replace the valuable knowledge of local geography and transport so well applied by the clerical staff of the Local Authority, the records specific to school children maintained by them, and the co-operation given by enlightened school teachers to remind a child on the day of a clinic appointment and to see that spectacles prescribed for use in school are regularly worn and in serviceable condition.

The recent discontinuance of metal frames and the substitution of plastic ones for children of any age as a standard issue have gone some way towards overcoming the prejudice of some parents and young children against the wearing of National Health Service spectacles, and discouraging the extravagance of those least able to afford the purchase of spectacles of unusual shape but of no optical nor cosmetic advantage.

Appreciation should also be recorded of the skill applied to the comfortable and accurate fitting, adjustment, and maintenance of children's spectacles by the optician who dispense the glasses prescribed."

D.D. Stenhouse Stewart.

"The School Ophthalmic Service provides a worthwhile part of the health and welfare of school children.

It is important to detect eye disease in children at an early age as by doing so the problem of amblyopia and other conditions can be treated at a stage when treatment is possible.

As can be seen from the statistical data 44 new cases of defective eyesight were seen at Stanground in 1972.

This is a significant number of children who had no history of eye symptoms. The main problem with school children is amblyopia, either as anisometropia (unequal refraction) or as strabismus. Both of these conditions can be treated if 1. there is parental co-operation, 2. the detection is early."

J.O. Sibthorpe.

Physiotherapy.

I am indebted to Miss S.A. Sherwood, the Orthopaedic Physiotherapist, for the following report:-

"During 1972, as can be seen from Table 4 there has been an increase in the number of visits made to schools and the treatments given.

This continues the policy of the previous year whereby physiotherapy is provided as an integral part of the child's school and home life and not

simply a separate function. This is particularly important with regard to physically handicapped children, whose treatment must continue for many years. The greater the understanding of the handicap by parents and teachers the more easily the child can cope with everyday life. For example correct positioning of a child with Cerebral Palsy can mean the difference between being able to perform a task or finding it impossible.

The most encouraging event of 1972 was the opening of the swimming pool at the Springfield Centre. Since this is situated inside the building and can be heated to 90⁰ F, it has proved ideally suited to hydrotherapy treatment.

Despite a number of "teething problems" with the filtration unit, it has been possible to have regular hydrotherapy sessions. This has been of great value to the handicapped children, both physically and psychologically, for they are often able to perform many more movements in the water than they normally can. Also, many children who are unable to walk can learn to swim, which gives them a great sense of achievement. Further, the Head Teacher at Springfield has allowed handicapped children from other schools to attend for hydrotherapy and with the co-operation of the Social Services Department in providing transport, it was possible to continue using the pool during the summer holidays and so avoid a long break in treatment.

As expected, the number of physiotherapy clinics held and the attendances thereat, were very small during 1972, this being due to the policy, outlined above, of giving treatment in the school where possible.

I should like to take this opportunity to thank all the members of the staff and the teachers of the various schools and centres visited for all their help and co-operation during 1972. Also Mr. C. Easton for the donation of a large number of swimming aids and appliances."

TABLE 3

Attendances at Physiotherapist's Clinics

	Huntingdon	Stanground	Ramsey	St. Ives	St. Neots
Number of clinics held	2	1	-	2	5
Number of attendances of school children	3	1	-	2	5

TABLE 4

Attendances of Physiotherapist at Schools

	1972	1971
Number of visits made to schools	267	199
Number of treatments given at the school	913	768

Speech Therapy.

I am indebted to Mrs. M.J. Lincoln, Senior Speech Therapist, and Mrs. B.M. Brooks, Speech Therapist, for the following report:-

"In 1972 the Speech Therapy Department was staffed by two full time Speech Therapists - Mrs. B.M. Brooks and Mrs. M.J. Lincoln.

Due to the acute staff shortage it proved impossible to continue visiting special schools in the area, other than Springfields Education Centre where Mrs. Brooks carried out three sessions per week. Huntingdon Nursery was visited once a week by Mrs. Lincoln.

Regular visits to schools and homes in most parts of the County were undertaken, and priority was given to the pre-school group whenever possible.

The total number of children seen in 1972 was 223 of whom 100 were discharged.

Talks were given to Nursery Nurses at Peterborough Technical College and to Women's Institutes. During the year both members of the Department attended several area day courses, and the National Conference of Speech Therapists at Bedford.

Finally we would like to thank all departments , G.P.'s , Health Visitors and Teachers for their co-operation during 1972.

Mrs. M. J. Lincoln (Senior) L.C.S.T. , D.T.S.T.
(Reading)

Mrs. B. M. Brooks L.C.S.T.

TABLE 5

Speech defects treated during 1972 in order of frequency	
Dyslalia	121
Retarded speech and language development	57
Minimal Cerebral dysfunction	17
Cleft Palate	11
Stammer	11
Dysphonia	4
Hearing impaired	2
Total	223

Psychological Defects

I am indebted to Dr. B.F. Whitehead, Consultant Child Psychiatrist, Peterborough District Hospital, and Dr. V. Pillai, Chairman of Consultant Staff Group, Cambridge Child & Family Psychiatry, for the following reports:-

REPORT FROM DR. B.F. WHITEHEAD

CONSULTANT CHILD PSYCHIATRIST, ON THE CHILD PSYCHIATRIC SERVICE IN THE NORTHERN PART OF THE COUNTY FOR 1971

"The Clinical Psychologist, Miss Labrum, left in February to take up an appointment at Guy's Hospital, London, and the post in Peterborough remains vacant. The Educational Psychologists have, on behalf of the clinic, tested many children residing in their areas and we are particularly grateful for their help. There is nevertheless a serious gap in the hospital service. The post of Senior Clinical Psychologist has been advertised but to date we have had no applicants of sufficient calibre.

In October a second Consultant, Dr. E.B. Peterson, was appointed to the Department of Child and Family Psychiatry at Peterborough District Hospital. At the present time there is a vacancy for a second Psychiatric Social Worker to work with Dr. Peterson. Referrals to the clinic are seen by either Psychiatrist, unless there is a specific wish for a particular Psychiatrist to see a particular family.

During 1973 we hope to move into Phase III of the Peterborough District Hospital where there will be accommodation for outpatients, 10 day-patients and 10 in-patients. The day-patient and in-patient unit is intended to provide treatment for those children suffering from neurotic, organic and psychosomatic

conditions, and those behaviour disorders which can be contained in an open unit, situated in a district General Hospital. Children with severe acting out (delinquent) conduct disorders, gross deprivation syndromes or established autism (childhood psychoses) are unlikely to be considered amenable to therapy within this setting. Likewise the proportion of hyperkinetic destructive children within the unit at any one time will be strictly limited. The average duration of stay will be 6 - 12 months and the age range will be under 13. Thus, the hospital in-patient unit will not be an alternative placement for those children whose needs will still be met by community homes and maladjusted and approved schools or who require long term in-patient placement.

We are still concerned about the lack of any residential treatment for adolescents of both sexes. We hope to provide a mixed unit in the hospital but this will require careful siting to provide the facilities such adolescents would require.

We will continue to provide services for the School Health and Social Services to the best of our ability."

B. F. Whitehead, M.A., M.B., B.Chir.,
M.R.C. Psych. D.P.M.

REPORT FROM DR. V. PILLAI

CHAIRMAN, CONSULTANT STAFF GROUP, CHILD AND FAMILY PSYCHIATRY,
CAMBRIDGE.

FOR THE SOUTHERN PART OF THE COUNTY FOR 1972

"During 1972 we were able to increase the number of staff, including Psychiatrists, Social Workers and Psychologists, working at the Child Psychiatric Service. This has enabled us not only to see more new cases but also to improve our treatment programmes offered to psychiatrically disturbed children and their families. As before we offer out-patient diagnostic facilities as well as individual and family psychotherapy. In addition we have been able to offer regular sessions of out-patients group therapy to children and their parents who are in need of such courses of treatment. Because of lack of space we were not able to expand our treatment facilities to include an intensive day-patient treatment service. Our experience over the year has shown a regrettable lack of facilities in our area for children with learning difficulties and who are in need of intensive educational training.

Also during this year we have been able to establish a regular training programme at our clinic headquarters for all those professional workers who are concerned with the care of children and their families. This is mainly in the form of seminars, case demonstrations, lectures from experts and films.

As existed in previous years there is an excellent liaison between the staff in our department and the School Medical Service, Educational Psychologists and members of the Social Service Department and others who are concerned with the care of children and their families. We have continued with the weekly interdisciplinary meetings which have proved valuable to many of us.

Hawthorns Hostel has continued to provide excellent and much needed treatment facilities for children who are in need of residential treatment. We do acknowledge the positive help given by this hostel and its warden. We hope this will continue to function in a similar manner even when we acquire an in-patient Unit for children with severe psychiatric disorders.

Enclosed statistical tables show an increase in the number of new referrals to the clinic, this trend is expected to continue and we hope to be able to offer help quickly, thus minimising the effects of continuing crisis and anxiety.

V. Pillai

Consultant in Child Psychiatry

TABLE 6
CHILD PSYCHIATRIC SERVICE
Cases from the County of Huntingdon and Peterborough 1972

Cases seen by Consultant Child Psychiatrists from Chesterton					Cases seen by Consultant Child Psychiatrists at Peterborough District Hospital	Grand Total
New cases seen	Huntingdon	Brookside	Bene't Place	Total	Peterborough	
Number of new cases	74	15	5	94	56	150
Number taken on for treatment	40	5	4	49	37	86
Number placed under observation	21	8	-	29	2	31
Consultation	13	2	1	16	17	33
Notified to S.M.O.	54	10	2	66	44	110
Source of Cases						
School Medical Officer	30	5	1	36	10	46
General Practitioners	39	5	2	46	35	81
Consultants	1	5	2	8	10	18
Magistrates	-	-	-	-	1	1
Others	2	-	-	2	-	2
Social Services Officer	2	-	-	2	-	2
Cases under treatment brought forward from 1971	49	7	11	67	45	112

Number of cases on the waiting list as at 31st December, 1972:- 24

3 - HANDICAPPED PUPILS

During 1972, 327 children were accommodated in 73 different special schools, of these 62 boys were at Marshfields and Orchard Street Day Special Schools for Educationally Subnormal Boys, Peterborough, 66 girls were at Orton Hall Special School for Educationally Subnormal Girls, 47 were at St. Edwards Special School for Severly Subnormal Pupils, Huntingdon, and 18 were at St. Georges Special School for Severly Subnormal Pupils, Peterborough.

Blind and Partially Sighted

13 pupils were classified as blind or partially sighted. 1 pupil from the City of Peterborough was in a residential special school for the blind and 3 pupils, including 2 from the City of Peterborough were in residential special schools for the partially sighted. 1 child was awaiting placement in a special residential school for the partially sighted, the remainder were receiving special educational treatment in the ordinary schools.

Deaf and Partially Hearing

50 Pupils were classified as deaf or partially hearing. 14 pupils, including 6 from the City of Peterborough, were accommodated in special residential schools and 2 partially hearing children, including 1 from the City of Peterborough, were awaiting placement in special residential schools. The remaining pupils were receiving special educational treatment in the ordinary schools or some other form of special educational treatment. Supervision of these children is undertaken by the Advisers in Education of Hearing Impaired Children, who carry out a programme of auditory training, where appropriate, and liaise with the parents and the teachers in the education of the hearing impaired child.

Delicate

112 Pupils were classified as delicate. 9 pupils, including 2 from the City of Peterborough, were accommodated in special residential schools, the remainder receiving home tuition or some other form of special educational treatment. The majority of children in this category comprise of those suffering from asthma and diabetes.

Educationally Subnormal

This category comprises the largest group of handicapped pupils being 39% of the total handicapped pupils on the register. At the end of the year 279 pupils from the County were classified as educationally subnormal. This is an increase of 14 compared to the previous year. 212 pupils, including 18 pupils from the City of Peterborough, were accommodated in special schools. The comparative figures for 1971 were 203 and 17. 21 pupils were awaiting admission to special schools but the majority of these were children whose parents had refused permission to allow their children to be admitted to special schools.

Epileptic

48 children were classified as Epileptic at the end of 1972 compared with 47 the previous year. 4 were in special residential schools and 1 was awaiting admission to a special school. The remainder were able to attend the ordinary school. Only where the condition cannot be adequately controlled by medication is a child recommended for education at a special residential school.

Physically Handicapped

This, the second largest category of handicapped pupils, constitutes 20% of the handicapped pupils on the register. 144 pupils from the County were classified as physically handicapped at the end of 1972 compared with 146 the previous year. 22 pupils from the County, including 10 from the City were accommodated in special residential schools. 3 pupils from the County were awaiting admission to a residential special school.

Maladjusted

60 pupils from the County area were classified as maladjusted at the end of 1972, the comparable figure for 1971 was 46. As with the previous year there continues to be a considerable increase in the number of pupils ascertained as maladjusted. Difficulty is still experienced in finding residential places for the older child and it is most difficult to find places at suitable special schools for them. At the end of the year 10 children were still awaiting placement.

Speech Defect

The number of children suffering from speech defects who were on the handicapped register at the end of last year was 7.

Special Education

I am indebted to Mr. Cedric Jones, Adviser on Special Education, for the following report.

"Special Education in its broadest sense touches on 20% of the school population.

To cater for the needs of children with learning difficulties we have in the County area:

St. Edwards School for fifty-five educationally sub-normal (severe) children from the age of four to sixteen. 1972 saw the opening of the special care unit which caters for children from the age of two plus. These children would have, in the past, been hospitalised.

Springfields School, which is an assessment centre for children with learning difficulties. Springfields caters for a wide range of learning difficulties and caters for forty-five children. The age range is five to eight.

Orton Hall School for E.S.N. girls caters for 120 children, fifty of whom are boarders. The normal age of admission to Orton is eight years.

There are fourteen primary schools which offer specific help for children with learning difficulties. These are either structured classes or withdrawal groups.

There has been considerable Special Education growth in comprehensive schools: many now have special or remedial departments and it is anticipated that there will be much expansion in that area of education.

The Hearing Impaired Service caters on a peripatetic service for seventy-three children who have difficulties that affect their learning. It is anticipated to expand this service during the next year by the development of a unit in Huntingdon.

The peripatetic remedial teachers continue to cover an extremely difficult area of education remarkably well. The service will expand in the coming year by having a Senior Remedial Teacher appointed.

It is with eager anticipation that we look forward to the completion of the new Special School in Huntingdon. This school will cater for 120 children with age ranges eight to sixteen. This development will be much appreciated because it makes unnecessary in most cases the separation of a handicapped child from his family, which at the present time is unavoidable.

The success of Special Education depends upon the interchange of ideas and information between Education, Health and Social Services. This we know has been achieved locally to the benefit of all handicapped children in our Authority."

School Leavers

I am grateful to Mr. F.R. Gibbins, Social Worker for Handicapped School Leavers, for the following report:-

"The two young people mentioned in last year's report still hold the same jobs and have shown an enhancement in their continued development and sense of wellbeing. This has been a year of particular interest and satisfaction, both because of the accruing benefits of experience in the scheme itself and in the evidence observed of the benefits of new legislation and the growing enlightenment in the community about understanding and meeting the needs of its more deprived and less competent members.

One of the events of the year and certainly a new one here, was our residential week with nineteen E.S.N. school leavers at the County's Stibbington Field Centre in July. This had been primarily directed to the anticipated needs of unemployed ESN's due to the bad work situation. In the event, our routine approach to this problem had cut them down to more or less normal proportions. The intake was, therefore, mainly of those due to leave special schools that month, plus just a few without work. In fact there was a final scramble to fill the places, which brought me at least one new referral and got us off to an unusually well informed start concerning her undoubted and varied problems.

The whole scheme was basically organised by Miss Catherine Pridgeon of the County Youth Service and she and I were the resident staff. Project leaders came in daily. We were warmly welcomed, informed and encouraged by the Warden, Mr. 'Bob' Foster.

The weather responded with one of the best weeks of the summer. A day out at the coast was, perhaps surprisingly, the most generally enjoyed item, even by a disappointed girl who was hoping to play Bingo there. Daily projects included a party visiting farms and the local butcher, and another, which I enjoyed sharing, seeing some of the Archaeological sites soon to disappear under the New Towns. I organised an impromptu gardening party which tamed an overgrown hedge and orchard, with the by product of a roaring bonfire. This won the permanent regard of the Warden, for so improving his environment, being an obvious item none of our many predecessors had apparently noticed. The Warden said that ours was one of the better conducted groups to use the premises, incidentally.

I am ever more convinced of the value of the greatest possible variety of experience as a general growth medium for all young people, but especially for those with educational problems. My experience here suggests that there is a need for residential breaks from home and normal schooling, in some cases of not less than three months duration. Coming pre-adolescent, I feel that these could serve as evaluation and refresher sessions where, in a stimulating and relaxed setting, youngsters may work out some problems; relationships; give awareness of others, have the chance to be sparked off with those vital pursuits and enthusiasms, which may result in a great improvement in basic educational responses.

At the time of writing a pilot meeting of key people is to take place in the City which will see launched the first mixed Club for ESN/Less able youngsters.

Parents will be involved. I feel that though this has been a long time coming it will now have many advantages. We know the need, the basic members and have good established relationships with all concerned. We are well briefed and not least it is felt that the PHAB Club experience will help provide some of the young leadership element which is so important. The involvement of parents should lead in time to parent meetings and activities which will begin to fill another gap and to put the long term needs and concerns of the E.S.N. section of the community on the map, in time for this to have its proper place in the consciousness of the evolving New Peterborough. The aim of this venture is not to provide a special and separating Club and activities, but another variety of Club provision which will enable the membership of those who would otherwise remain without. It can also be seen as a stepping stone between the 'Gateway' type Clubs, basically for the S.S.N. - and more average type provision.

A less welcome emergence latterly, has been delayed cases of unrelieved school phobia showing up in collapse on approaching work. It is much harder to treat effectively at this stage. There are a few places with suitable facilities or skills. These cases create an overdemand on the time of the worker, who is increasingly feeling the strain on his availability. Nevertheless the team copes and usually it is we who wait for parents or leavers to muster the will to take the next step we envisage, rather than that we are being chased to produce results. Restrictions in job opportunity for the variously handicapped create exceptions to that generality, but at least in one sector important to girls, namely catering and canteen work, an energetic campaign to widen the scope is now under way.

The Transitional Centres of the Nat. Soc. in N. Wales and Northumberland for Mentally Handicapped Children continue to absorb increasing numbers of our students to good effect and this association has had considerable and good effects on local developments. We owe them much, as locally we do to the Managers and staffs of the two Work Centres at Eye and Huntingdon, which, both short and long term, happily absorb a variety of needy and often multiple handicapped leavers. The Spastics Society too is always sensitively responsive to our requests.

Some leavers defeat us - usually the grossly inadequate, by 'going to earth'. Cases have to be closed officially, still 'stuck', but need not be forgotten. It was a particular pleasure to succeed with one such recently, now 22, who left Orton Hall in 1967. This girl, who had remained in a situation threatening breakdown and perhaps Hospitalisation, has at last been enabled to make a move which will see her on her way to greater maturity and the possibility of eventual independence."

Oxford Survey of Childhood Illnesses

This Authority has continued to collaborate with the Marie Curie Memorial Foundation in their research of cancer aetiology.

The parent of one child who had died from the disease the previous year was interviewed. In addition the parent of one healthy child as a control was interviewed.

TABLE 7

HANDICAPPED PUPILS ON REGISTER ON 31st DECEMBER, 1972

Category	Recommended for admission to special schools	In special schools	Otherwise	Total
Blind	-	1 (1)	-	1 (1)
Partially Sighted	1	3 (2)	8	12 (2)
Deaf	-	6 (1)	-	6 (1)
Partially Hearing	2 (1)	8 (5)	34	44 (6)
Delicate	-	9 (2)	103	112 (2)
Educationally Subnormal	21	212 (18)	46	279 (18)
Epileptic	1	4	43	48
Maladjusted	10 (1)	33 (8)	17	60 (9)
Physically Handicapped	3	22 (10)	119	144 (10)
Speech Defect	-	1	6	7
Totals	38 (2)	299 (47)	376	713 (49)

Figures in brackets indicate City of Peterborough pupils recommended for residential special schools and those who are in residential special schools, which have been shown in the main figure.

TABLE 8

The following table indicates the number and type of handicapped pupils who were admitted to Special Schools during the year.

Category	Residential	Day	Total Number of Pupils.
Blind	-	-	-
Partially Sighted	1 (1)	-	1 (1)
Deaf	-	-	-
Partially Hearing	1 (1)	-	1 (1)
Delicate	5 (1)	-	5 (1)
Educationally Subnormal	16	31 (6)	47 (6)
Epileptic	-	1	1
Maladjusted	10	-	10
Physically Handicapped	4 (1)	1	5 (1)
Speech Defect	-	-	-

Figures in brackets indicate City of Peterborough pupils, which have been shown in the main figure.

TABLE 9

NUMBER OF CHILDREN IN SPECIAL SCHOOLS OR HOSTELS
DURING ALL OR ANY PART OF 1972

BLIND	
Dorton House School, Sevenoaks, Kent	1 (1)
PARTIALLY SIGHTED	
West of England School, Exeter	1
Blatchington Court School, Seaford	2 (1)
DEAF	
Hamilton Lodge School, Brighton	2
Yorkshire Residential School, Doncaster	1
Camphill, Rudolf Steiner, Bielside, Aberdeen	1
Martley School for the Deaf, Worcester	2 (1)
PARTIALLY HEARING	
Partial Hearing Unit, Mayfield School, Cambridge	1
Burwood Park Technical Grammar School, Walton on Thames	2 (2)
Ovingdean Hall School, Brighton, Sussex	2 (1)
Pathways Unit, Condoover Hall, Nr. Shrewsbury	1
Tewin Water, Nr. Welwyn Garden City, Hertfordshire	1 (1)
Mary Hare Grammar School, Arlington Manor, Newbury, Berks.	1
DELICATE	
Heathercombe Brake, Teignmouth, Devon	2
Laleham School, Margate, Kent	1 (1)
Eden Hall School, Bacton, Norfolk	2 (1)
Eccles Hall School, Quidenham, Nr. Norwich	1
St. Dominics Open Air School, Hambledon, Godalming, Surrey	2
Wennington School, Weatherby, Yorks.	1
Overstone School for Girls, Overstone, Northampton	1
Turners Court, Benson, Oxon.	1
EDUCATIONALLY SUBNORMAL	
St. George's School for Severly Subnormal, Peterborough	18
St. Edward's School for Severly Subnormal, Huntingdon	47 (7)
Oxley Parker School, Colchester, Essex	5 (1)
Orton Hall School for Girls, Orton Longueville	66 (11)
Orchard Street, Peterborough	17
Marshfields School, Peterborough	45 (1)
Littleton House School, Girton, Cambridge	24 (3)
Philpots Manor School, West Hoathly	1
Stubton Hall, Stubton, Lincs.	2
Drayton Manor, Basingstoke, Hants.	1
The Manor School, Wilburton, Cambridgeshire	11 (1)
Besford Court School, Worcester.	1
Sheiling School, Thornbury, Bristol	1
Eden Grove School, Bolton, Lancs.	1 (1)
Wennington School, Wetherby, Yorks.	1

Figures in brackets indicate City of Peterborough pupils at residential special schools, which have been shown in the main figure.

NUMBER OF CHILDREN IN SPECIAL SCHOOLS OR INSTITUTIONS
DURING ALL OR ANY PART OF 1971
continued

EPILEPTIC	
Kingfield Hospital School, Kingfield, Surrey	1
St. Elizabeth's School, Much Hadham, Herts.	1
MALADJUSTED	
Eden Grove School, Barton, Lancr.	1
Pitt House School, Chudleigh, Devon	1 (1)
Barwick House School, Yeovil, Somerset	1
Swalcliffe Park School, Nr. Banbury, Oxon.	1 (1)
Hengrove House in the Park, Tring, Herts.	1 (1)
Bladen House School, Newton Solney, Staffs.	1 (1)
Pittersbury Lodge, Tweeter, Northants.	1 (1)
Caldwell Hall, Nr. Burton-on-Trent, Staffs.	1
Hawthorns Hostel, Cambridge	1
Friends School, Haffron Walden, Essex	1
Friends School, Wigton, Cumberland	1
Sanden House School, Nr. Chelmsford	1
Heathcote Brake School, Manaton, Devon	1
Mariand School, Tarrington	1 (1)
Burnt Norton School, Chipping Camden	1
Shotton Hall, Nr. Shrewsbury	1
Julliffes School, Dorset	1
Burne House Hostel, Burne, Linco.	1
Wennington School, Wetherby, Yorks.	1
St. Okgrove Park School, Leighton Buzzard	1 (1)
Peredur Home School, East Grinstead, Sussex	1
Great Sanders School, Sealdescombe, Sussex.	1
St. Peter's, Harbury, Wakefield, Yorks.	1 (1)
PHYSICALLY HANDICAPPED	
The Warlies, Waltham Abbey	(1)
Palace School, Ely, Cambs.	1
Hinwick Hall, Northampton	1
Chalvey Hermitage, Sussex	1
Tixver Grange, Duddington, Stamford	1
John Cape, Banbury School, Woodford Bridge	1
John Greenwood Shipman Home, Dallington, Northampton	1
Frederic Trevelyan School, Holybourne, Alton, Hants.	1
Croley Residential School, Coventry.	1
Thieves Wood, Mansfield, Nottingham	1
Mossbrook School, Sheffield	1
Thomas Delarue, Tarrington, Kent	1
Insfield Manor School, Billingham	1
Southwold House, Wellingborough	1
Bedford School, London	1
Ironhall School, Brampton, Cumberland	1 (1)

Figures in brackets indicate City of Detroit non-pupil dependent special schools, which have been shown in the main figures.

4 - INFECTIOUS DISEASES AND PROPHYLAXIS.

A full report of vaccination and immunisation is given in the report of the County Medical Officer of Health but the following statistics relate to school children.

Diphtheria

Again there was no case of diphtheria in the county during the year. The number of children receiving reinforcing prophylaxis against this disease has fallen this year, despite efforts to increase acceptance in infant schools. The figures for 1972 were 48 primary courses and 1,738 reinforcing injections, the comparative figures for 1971 being 89 and 2,202.

Within the next two years the computer assisted scheme for primary immunisation will be extended to include, and replace, the present arrangements for reinforcing immunisation. The current practice of first offering a child immunisation by his or her family doctor will be continued, but if the parents of any children fail to respond to an appointment at the surgery the children concerned will be identified by computer and offered immunisation by the School Medical Officer at the School entry medical examination, and again if necessary at subsequent examinations until this has been completed.

Poliomyelitis

No case of poliomyelitis was notified during this year. 54 primary courses were completed and 1,797 boosters given, but this represents a very disappointing fall from the protection level achieved last year when a total of 2,219 boosters were given.

Whooping Cough

Reinforcing immunisation against this disease is not recommended as routine because of the possibility of an adverse reaction. Only 31 children received a primary course, and 202 boosters were given during the year.

Tetanus

One notification of tetanus was received in the year. 111 pupils received primary courses and 2,109 pupils were given reinforcing doses throughout the year. The figures for 1971 were considerably higher when 150 pupils received primary courses and 2,583 pupils were given reinforcing doses.

Measles

48 cases of measles among children aged 5 - 14 years were notified during the year and accounted for 52 per cent of all notifications in that age group. The number of measles vaccinations given to school children fell to an all time low of 338 compared with 435 in the previous year.

This fall is perhaps indicative of a more effective rate of primary immunisation as vaccination against measles is normally given in the second year of life which would inter that most children have been protected long before they are old enough to attend school. In fact this is not the case and this year's increase in the number of children given measles vaccine at one to two years of age, achieved largely through automated methods, demonstrates the astonishingly large number of children who miss being protected at this age. Measles does tend to be most severe, and the frequency of complications the greatest, in those children under the age of two years old, and yet there would seem to be no reason why, given an effective antigen and an efficient appointments service, this disease could not be virtually eliminated in the community.

German Measles

All girls aged 11 to 13 years are offered vaccination against German Measles before they reach child bearing age because of the very serious consequences which can arise from exposure to this disease during pregnancy. Secondary Schools are visited by School Medical Officers who vaccinate those girls within this age group whose parents have given consent. During the year 1,166 girls were vaccinated against German Measles.

B.C.G. Vaccination and Tuberculosis

There was one notification of meningeal tuberculosis in a school child during 1972. As a result pupils, teachers and staff at the primary school concerned were skin tested as a precautionary measure. As B.C.G. vaccination is not given routinely to primary school children this is reflected in the difference between the number of negative reactors and the number vaccinated indicated in Table 11. All children aged 11 years and over are given the opportunity of B.C.G. vaccination. During the year 2,467 were skin tested and there were 34 positive reactors, this is equivalent to 1.4 per cent compared with 1.7 per cent for the previous year.

1,803 were given B.C.G. vaccination.

TABLE 10

Vaccine	Born in 1965-1968		Others under age of 16		Total	
	Primary Course	Reinforcing dose	Primary Course	Reinforcing dose	Primary Course	Reinforcing dose
Diphtheria	43	1,624	5	114	48	1,738
Whooping Cough	30	191	1	11	31	202
Tetanus	45	1,662	60	447	111	2,109
Polio-myelitis	48	1,602	6	195	54	1,797
Measles	223	-	15	-	338	-
Rubella	-	-	1,166	-	1,166	-

TABLE 11

B.C.G. VACCINATION

School	Skin Tested	Positive	Negative	Vaccinated
Arthur Mellows Village College	136	7	120	120
Bushmead	523	10	479	-
Duke of Bedford	19	1	17	17
Ernulf	97	2	91	91
Hinchingsbrooke	230	1	215	213
Longsands	210	0	203	201
Orton Comprehensive	194	2	179	179
Orton Hall	63	1	55	55
Primary College	63	1	62	62
Ramsey Abbey	6	0	6	6
Ramsey Ailwyn	198	1	185	185
St. Edwards	14	0	10	10
St. Ivo	275	1	255	255
St. Peter's	146	2	133	133
Wawtry Village College	62	1	56	56
Wangford Comprehensive	231	4	220	220
Totals	2467	34	2286	1803

TABLE I

NOTIFIABLE INFECTIOUS DISEASES

Children aged 5 - 14 years inclusive

District	Disease											
	Scarlet Fever	Whooping Cough	Measles	Dysentery	Infective Jaundice	Tuberculosis Meninges and CNS	Acute Meningitis		Food Poisoning	Acute Ence- phalitis	Tetanus	Total
							Meningo- cocci	Unspeci- fied organisms				
URBAN:												
Huntingdon & Gdmancester	-	-	-	-	-	-	-	-	-	-	-	-
Old Fletton	2	-	1	-	-	-	1	-	5	-	-	9
Ramsey	-	-	-	-	-	-	-	-	-	1	-	1
St. Neots	-	1	25	-	1	1	-	-	6	-	-	34
St. Ives	3	-	8	-	-	-	-	-	-	-	-	11
RURAL:												
Barnack	-	-	5	-	-	-	-	1	-	-	-	6
Huntingdon	1	-	-	-	2	-	-	-	-	-	-	3
Norman Cross	5	2	-	-	-	-	-	-	-	-	1	8
Peterborough	-	-	7	-	-	-	-	2	2	-	-	11
St. Ives	2	-	-	1	1	-	-	-	-	-	-	4
St. Neots	-	-	1	-	-	-	-	-	3	-	-	4
Thorney	-	-	1	-	-	-	-	-	-	-	-	1
Totals	13	3	48	1	4	1	1	3	16	1	1	92

5 - SCHOOL DENTAL SERVICE

I am indebted to the Principal School Dental Officer, Mr. I.O. Plnkham, for the following report:-

"It is pleasing to report that the hopes expressed in 1971 have, to a large extent been achieved, and that 1972 has proved to be one of expansion and improvement in the School Dental Service. The staffing situation, particularly in the Peterborough area, has for many years prohibited even the most basic requirements of the service; however 1972 saw the appointment of one additional full time dental officer to the City and the appointment of a full time area dental officer to Stanground thus providing the foundation for proper development of the service in the north of the County. It is hoped that an additional surgery at Stanground and the general re-equipment of the present surgery, together with the removal of the City surgeries from the Town Hall to the new premises at Priestgate will both encourage recruitment and permit a wider use of auxiliary staff.

The southern parts of the County have continued to progress with the use of dental auxiliaries and all surgeries have been fully operational with the exception of Ramsey, which by its nature and situation is unsatisfactory for clinical use. It was disappointing that owing to manufacturing difficulties the mobile dental surgery due for delivery in September did not materialise until after the period covered by this report. However, the vehicle has now been delivered and its use in rural areas is expected to fulfil the further expansion in rural community care during future years.

With improved staffing generally it has been possible to maintain the school inspection schedule in junior and infant schools in the towns and south of the County but there remains a need for more staff to expand the schedule to include secondary schools and full use of the mobile surgery in rural districts.

The proposed health centres at Yaxley, Eaton Socon and Bretton, together with the newly opened dental surgery at Dogsthorpe and an additional surgery at St. Ives, will provide an opportunity to expand the dental service sufficiently to include the currently neglected areas.

It must be recorded that the staff of the dental department unanimously deplore the decision not to permit the fluoridation of domestic water supplies in areas served by the Cambridge Water Board. In spite of improvements in the service it cannot be overstated that the dental profession is unable to keep pace with rate of dental disease in the County and this single proven safe and economical measure would have gone far towards bringing the problem within manageable limits. Without water fluoridation the present emphasis on preventive procedures is rendered somewhat lame. However, considerable effort has been made in the implementation of clinical prevention within the service and it is pleasing to report the enthusiasm of the dental auxiliaries and ancillary staff in sustaining the dental health education programme. Topical fluoride applications and fissure sealing wherever possible is practised in all the County surgeries and every child who completes a full course of treatment receives the benefit of the most suitable preventive techniques available.

The dental service is far from being fully developed at the present time but considerable improvement has been made and with the continued encouragement and interest of the Authority more will certainly be achieved.

It remains only to record sincere thanks to all staff of the dental department for their diligence, to all head teachers and their staff for continued co-operation, to the staff of the health department for their clerical and moral support and to all general dental practitioners who continue to provide much valuable clinical work for the benefit of children throughout the County."

6 - HEALTH EDUCATION

During 1972 very good progress has been made in the area of Parent craft Classes.

In particular a more adventurous course has begun at Longsands School with the co-operation of a team of young mothers and their infants. The class has been divided into four groups, each group "adopting" one of the mothers. The girls are enjoying this course immensely so far, the added interest of the contact with real babies making them really keen and eager to learn.

It should be noted that the mothers and babies are carefully supervised by members of the health department, and care taken that they are not in any way subjected to stress. Separate "talks" are arranged for them occasionally at the local clinic so that they are prepared a little ahead of the class work, by the health education nursing officer.

The course will also include other aspects which may affect the family unit, such as the handicapped child, the need for play groups etc..

It will be interesting to watch the course develop during 1972, especially in view of the interest shown by both television and press.

There has also been a considerable increase in the requests from senior schools for talks on such subjects as smoking, abuse of drugs, abortion, sexually transmitted diseases, contraception etc., and this is most encouraging, together with the steadily growing contact and co-operation between schools and health department on these subjects.

7 - OTHER SERVICES

Medical Examination of Teachers and Entrants to Training Colleges

During the year 185 candidates for admission to training colleges for teachers and 36 entrants to the teaching profession were examined by School Medical Officers.

Children and Young Persons Act 1933 - Employment of Children Byelaws

14 children were examined by School Medical Officers under the Byelaws in connection with employment during holiday or outside school hours. In each case the Medical Report showed that the proposed employment would not be prejudicial to the health or physical development of the child and would not render him unfit to obtain proper benefit from his education.

Physical Education

I am grateful to the organisers of physical education, Mr. G.F. Lumley and Miss G.E. Biscoomb, for the following report:-

"Primary School Physical Education

Each year we find that we have a large number of teachers new to our schools who need help with teaching Physical Education. Colleges of Education seem able to give only a small amount of time to the subject and the onus for training falls on the local authority through in service courses. During the spring term a course dealing with games skills for infants and young juniors was held in conjunction with Peterborough Teachers' Centre. Sessions on football and similar games skills for older children were taken by the County Games Coach. In November a course of four afternoon sessions was held in the City of Peterborough for schools in the City and the North of the County. The work included demonstration lessons, discussion and films; this form seems to be the most successful way of helping teachers to understand the underlying principles of movement training.

Nine primary school buildings have been completed during the year and each has had fixed and portable climbing equipment supplies, selected for its suitability for the age groups that will use it. There are now only nine schools in the county area and three in the City without indoor accommodation for Physical Education and as extra classrooms become available in schools with no hall we are to be able to make use of the 'two classroom' halls for this purpose. Recently this has been achieved successfully at Woodston C.P. School.

Games

1. Association Football

Football tournaments were again held during the spring and autumn terms for junior school teams. These continue to attract wide support and are a valuable way of introducing new school teams to competition.

2. Netball

A South Huntingdon Schools Netball League has been formed by teachers in the South of the County which it is hoped will contribute to a raising of the standard of play. There is already a flourishing netball association arranging fixtures for schools in Peterborough and District. Tournaments were again held in the spring and autumn terms for teams from junior schools and it is pleasing to note a steady improvement in the general standard of play.

3. Rounders

Three hundred children from all parts of the county took part in rounders tournaments during the summer term. With the decline of cricket in primary schools rounders has become a popular and suitable game for boys as well as girls.

4. Tennis

A coaching course for young players was held in Huntingdon during the summer half-term holiday and was attended by 39 children.

5. Swimming

Learners' pools at Buckden C.E. School, Sapley Park C.P. School, Huntingdon, and Eaton Socon School have been brought into use and pools at Thorndown C.P. School, St. Ives and Helpston are in course of completion. With the closing of Mereside C.P. School at the end of the summer term the small pool there became available for transfer. Six schools applied for this and as a result of a draw made by members of the Swimming Pools Sub-Committee the pool was offered to Bury C.E. School.

A very successful primary schools' swimming gala was arranged at St. Ivo Pool in July by the Primary Schools' Swimming Association. It is clear that the provision of learners' and other pools has resulted in a tremendous improvement in the standard of school swimming. Another one-day course for teachers of swimming in primary and secondary schools was held in Sawtry Village College in May and was taken by the National Coach of the Amateur Swimming Association. The course consisted of demonstration lessons with classes of children of ages varying from lower juniors to middle secondary level. Over 90 teachers from City and County Schools attended.

The quarter-finals of the South-East England area of the Royal Life Saving Society Competition for schools were held at St. Ivo Pool in September.

The new 25 metre indoor pool at Hinchingsbrooke School, Huntingdon was brought into use in November.

Water Safety and Life Saving

Refresher courses were held in Peterborough and in Huntingdon on the teaching of the Water Safety Award of the Royal Life Saving Society. Talks on water safety and resuscitation were given to various primary schools in the county and city.

Camping

The school camp for primary schools was held in the Forest of Dean, Gloucestershire, on a Forestry Commission site about a mile from the Wye Valley, for five weeks from 5th June to 10th July and was attended by 70 children each week and their teachers. In all 23 schools sent parties. Despite some extremely wet weather during which great co-operation was received from the Forestry Commission's Officers, the teachers felt that the area was very rich in matter of educational interest and the site has been booked again for next year's camp.

The demand for the use of Stibbington Outdoor Activities Centre by Primary and Secondary Schools continues to grow. The Camp Warden arranged a series of adventure courses based on camping and canoeing for secondary pupils during the summer and autumn terms. Two camping and gliding groups visited the Yorkshire Gliding Club during the Easter holiday.

Sailing

Four boys' crews were entered in the National Schools' Regatta held on Lake Bassenthwaite in Cumberland. A Kimbolton School crew came first in the national "Lark" class competition.

The Regatta was attended by officers of the County School and Youth Sailing Association in preparation for the organisation of the 1973 event at Grafham Water.

Olympic Games, Munich

Two teachers at St. Peter's School, Huntingdon, Miss S. Garnett (hurdles) and Mr. J.A. Cowley (Rowing) gained high international honours in their events although they failed to be selected for the British Olympic team. Both were formerly pupils at schools within the county. Brian Brinkley (swimming), a pupil at Orton Longueville School, was selected for the men's swimming team and competed in Munich.

"Movement in the Primary School"

This is the title of a book recently published by the Department of Education and Science dealing with physical education for the 5 to 13 age range. It replaces the previous publication "Planning the Programme" which was issued twenty years ago. The new book states the principles of movement as they relate to this age group and includes material and suggestions

for teaching a wide programme of activities; these may include gymnastics, dance, swimming, athletics, ski-ing, ice-skating, riding, camping, sailing and canoeing. It contains 90 photographs 24 of which were taken in our own schools. Some 600 schools throughout the country were visited during the preparation of the book and six of our schools are represented in it.

Other Activities

Advisory activities have included attendance at meetings about joint provision of sports facilities at St. Ives and St. Neots at a Development Corporation working party on the use of Open Space and at meetings of Huntingdon Teachers' Centre, Local and County Sports Councils, County and National Playing Fields Association and various Schools Sports Association."

School Meals

I am indebted to the School Meals Organiser, Miss E.M. Hawkings, for the following report:-

"During 1972 the percentage of pupils taking school dinners recovered from the decline in 1971, due to the increased charge for the school meal. The results of a census taken during October, 1972, showed that 73.1% of pupils at schools in the County area were taking school dinners, giving an increase over the previous year of 4.8%.

The concession made in September, 1971, whereby pupils receive free school meals whose parents are in receipt of Family Income Supplement has given a slight increase in the number of free meal awards being made during 1972.

The following new kitchens were completed and came into operation during 1972, giving a total number of kitchens operating in the County area of 78:-

Alconbury C.E.
Warboys C.P.
Little Paxton C.P.
Sawtry County Infants
Ernulf Comprehensive

Extensions and remodelling of kitchens were carried out during the year at Orton Longueville Comprehensive School, Arthur Mellows Village College and Sawtry Village College.

The scullery at Ramsey Mereside C.P. School and the kitchen at Warboys C.P. School were closed at the end of the Summer term as a result of the closure of these schools.

The prevention of choice of meals was extended to a further number of Junior schools during the year."

The number of schools receiving school meals	94
The number of children receiving school meals	18,350
The number of kitchens completed and supplying meals	78
The number of sculleries erected or adapted and in use	16
The total number of full-time staff employed	4
The total number of part-time staff employed	886

School Milk

The number of schools receiving milk under the School Milk Scheme	77
The number of schools having no supply of milk	-
The number of children receiving milk at school on 31st December, 1972:-	
In Nursery Schools	79
In primary Schools	6,443
Total number of children receiving milk	6,522

Non-maintained schools supplied with milk, details of the number of pupils on registers, number taking milk. All schools were supplied with pasteurised milk.

School	Number of Pupils on Registers	Number of Pupils taking milk.
Whispers	83	49

IMPROVEMENTS TO SCHOOL PREMISES FOR THE YEAR 1972

COUNTY AREANew Schools Opened During 1972

Sawtry County Infants' School	-	2 F.E.
Warboys County Primary School	-	1 F.E.
Little Paxton County Primary School	-	1 F.E.
Ernulf School	-	600 place instalment of 10 F.E. Comprehensive School.
Holywell C.E. School		

New Accommodation Provided

Stanground School	-	2 F.E. Extension
Orton Longueville School	-	2 F.E. Extension
St. Ivo School	-	Sixth Form Centre
Alconbury	-	First phase of remodelling
Longsands School	-	120 Vith form places
St. Peter's School, Huntingdon	-	60 Vith form places
Ramsey Ailwyn School	-	Extensions to provide Art & Craft accommodation.

Mobile Classrooms

Winhills Infants' School	1	
Priory Junior School	1	
Glington C.E. (A) School	1	
Hinchingbrooke Upper School	5	
Thorndown Infants' School	3	
Winhills Junior School	1	
Eynesbury C.E. (C) School	1	
Buckden C.E. (C) School	1	
Stilton C.E. (C) School	1	
Little Paxton C.P. School	1	
Bluntisham C.P. School	1)
Arthur Mellows Village College	2	} Transferred from other schools

Mobile Classrooms (contd.)

Warboys C.P. School	2)	
Houghton C.P. School	1)	
Thongsley C.P. Junior School	1)	
Ramsey Junior School	2)	Transferred from other schools
Wyton Infants School	1)	
Sawtry Junior School	1)	

B - STATISTICAL TABLES

A. COUNTY AREA (EXCLUDING CITY OF PETERBOROUGH)

PART I. Medical Inspection of Pupils attending Maintained and Assisted Primary and Secondary Schools (including Nursery and Special Schools)

TABLE A - PERIODIC MEDICAL INSPECTIONS

Age of Groups inspected (by year of birth)	No. of Pupils inspected	Physical Condition of Pupils Inspected		* Selective Medical inspections Cases not examined.	Pupils found to require treatment (excluding dental disease and infestation with vermin)		
		Satisfactory	Unsatisfactory		For defective vision (excluding squint)	For any other condition recorded at Part II	Total individual Pupils
		No.	No.	(6)			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1908 & later	102	100	2	-	1	10	9
1907	1,530	1,578	2	-	18	164	158
1906	1,525	1,523	2	-	28	154	154
1905	537	531	2	-	7	23	23
1904	283	281	1	-	6	12	17
1903	179	179	-	-	7	10	12
1902	193	193	-	1,040	4	7	10
1901	185	185	-	650	4	8	10
1900	129	128	1	526	5	6	9
1959	161	161	-	-	12	9	20
1958	100	100	-	-	7	7	12
1957 & earlier	1,235	1,235	-	-	124	79	188
TOTAL	6,205	6,195	10	2,216	223	489	622

* Number of pupils considered for selective medical examination found not to warrant a medical examination.

COUNTY

TABLE B - OTHER INSPECTIONS

Number of Special Inspections	163
Number of Re-inspections	1,210
Total	1,373

TABLE C - INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons.	46,154
(b) Total number of individual pupils found to be infested.	158
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act 1944)	43
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (1) Education Act 1944)	-

COUNTY

PART II - Defects found by Medical Inspections during the year
PERIODIC AND SPECIAL INSPECTIONS.

Defect or Disease		Periodic Inspections				Special Inspections
		Entrants	Leavers	Others	Total	
Skin	T	49	29	4	82	3
	O	32	3	3	38	-
Eyes (a) Vision	T	67	125	31	223	20
	O	143	15	15	173	8
(b) Squint	T	47	4	2	53	5
	O	26	-	-	26	1
(c) Other	T	1	1	-	2	-
	O	3	-	-	3	-
Ears (a) Hearing	T	30	-	2	32	1
	O	145	1	7	153	7
(b) Otitis Media	T	20	1	-	21	-
	O	33	-	2	35	-
(c) Other	T	2	1	-	3	-
	O	2	-	-	2	1
Nose and Throat	T	60	2	2	64	1
	O	147	-	6	153	3
Speech	T	31	-	-	31	13
	O	99	-	4	103	7
Lymphatic Glands	T	3	-	-	3	-
	O	41	1	-	42	-
Heart	T	8	2	1	11	-
	O	33	3	-	36	4
Lungs	T	33	5	4	42	1
	O	60	1	4	65	1
Developmental						
(a) Hernia	T	3	-	-	3	-
	O	8	-	-	8	-
(b) Other	T	11	2	-	13	-
	O	70	2	2	74	1
Orthopaedic						
(a) Posture	T	-	-	-	-	1
	O	5	3	-	8	2
(b) Feet	T	15	4	4	23	2
	O	25	-	3	28	1
(c) Other	T	17	4	3	24	1
	O	14	1	2	17	3

PART II - Defects found by Medical Inspections during the year
(continued)

PERIODIC AND SPECIAL INSPECTIONS.

Defect or Disease		Periodic Inspections				Special Inspections.
		Entrants	Leavers	Others	Total	
Nervous System						
(a) Epilepsy	T	4	2	1	7	7
	O	3	2	1	6	7
(b) Other	T	1	1	-	2	-
	O	11	3	1	15	-
Psychological						
(a) Development	T	3	18	11	32	89
	O	49	4	2	55	20
(b) Stability	T	9	2	2	13	5
	O	46	9	10	65	11
Abdomen	T	6	-	-	6	1
	O	25	2	5	32	2
Other	T	19	1	2	22	1
	O	110	-	2	112	5

T = Treatment

O = Observation

PART III - Treatment of Pupils attending Maintained and Assisted
Primary and Secondary Schools (including Nursery and
Special Schools)

TABLE A - EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	-
Errors of refraction (including squint)	807
Total	807
Number of pupils for whom spectacles were prescribed	327

TABLE B - DISEASES OF EAR, NOSE AND THROAT.

	Number of cases known to have been dealt with
Received operative treatment:-	
(a) for diseases of the ear	29
(b) for adenoids and chronic tonsillitis	20
(c) for other nose and throat conditions	11
Received other forms of treatment	8
Total	68
Total number of pupils in schools who are known to have been provided with hearing aids:-	
(a) in 1972	9
(b) in previous years	21

TABLE C - ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been dealt with
(a) Pupils treated at clinics or out-patients departments	386
(b) Pupils treated at school for postural defects	12
Total	398

TABLE D - DISEASES OF THE SKIN

	Number of cases known to have been dealt with
Ringworm - (a) Scalp	-
(b) Body	-
Scabies	31
Impetigo	-
Other skin diseases	-
Total	31

TABLE E - CHILD PSYCHIATRIC TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Psychiatric Clinics	246

TABLE F - SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by Speech Therapists	245

TABLE G - OTHER TREATMENT GIVEN

	Number of cases known to have been treated
(a) Pupils with minor ailments	-
(b) Pupils who received convalescent treatment under School Health Service arrangements	-
(c) Pupils who received B.C.G. vaccination	1,803
(d) Other than (a)(b) and (c) above: Enuresis alarms	85
Total	1,888

COUNTY

DENTAL INSPECTION AND TREATMENT

INSPECTIONS

- (a) First inspection - school
 (b) First inspection - clinic
 (c) Re-inspection - school or clinic

Totals

VISITS (for treatment only)

Number of Pupils		
Inspected	Requiring Treatment	Offered Treatment
6,726	} 5,146	} 3,721
1,596		
511	442	442
8,833	5,588	4,163

First visit in the calendar year
 Subsequent visits
 Total visits

Ages 5 - 9	Ages 10 - 14	Ages 15 and over	Total
929	574	101	1,604
1,928	1,408	291	3,627
2,857	1,982	392	5,231

COURSES OF TREATMENT

Additional courses commenced
 Total courses commenced
 Courses completed

95	51	19	165
1,024	625	120	1,769
			1,268

TREATMENT

Fillings in permanent teeth
 Fillings in deciduous teeth

922	1,702	554	3,178
2,027	251		2,278

Permanent teeth filled
 Deciduous teeth filled

712	1,250	429	2,391
1,675	185		1,860

Permanent teeth extracted
 Deciduous teeth extracted

39	192	41	272
671	200		871

Number of general anaesthetics

148	58	3	209
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Number of emergencies

141	66	13	220
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Number of pupils X-rayed
 Prophylaxis
 Teeth otherwise conserved
 Teeth root filled
 Inlays
 Crowns

85
972
270
75
NIL
10

COUNTY

DENTAL INSPECTION AND TREATMENT (continued)

ORTHODONTICS

New cases commenced during the year	32
Cases completed during the year	19
Cases discontinued during the year	NIL
Number of removable appliances fitted	31
Number of fixed appliances fitted	NIL
Number of pupils referred to Hospital Consultants	NIL

DENTURES

Number of pupils fitted with dentures for the first time:-

(a) with full denture

(b) with other dentures

Total

Ages 5 - 9	Ages 10 - 14	Ages 15 and over	Total
NIL	NIL	NIL	NIL
NIL	3	2	5
NIL	3	2	5

Number of dentures supplied (first or subsequent time)

NIL	2	2	4
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ANAESTHETICS

Number of general anaesthetics administered by Dental Officers

206

SESSIONS

	Adminis- trative Sessions	Number of clinical sessions worked in the year					Total Sessions
		School Service			M. & C.W. Service		
		Inspection at school	Treat- ment	Dental Health Education	Treat- ment	Dental Health Education	
Dental Officers (incl.P.S.DO.)	97	49	856	NIL	71	NIL	1,073
Dental Auxiliaries			550	128	17	6	701
Dental Hygienists			NIL	NIL	NIL	NIL	NIL
Total	97	49	1,406	128	88	6	1,774

B. CITY OF PETERBOROUGH

PART I. Medical Inspection of Pupils attending Maintained and Assisted Primary and Secondary Schools (including Nursery and Special Schools)

TABLE A - PERIODIC MEDICAL INSPECTIONS

Age of Groups inspected (by year of birth)	No. of pupils inspected	Physical Condition of Pupils Inspected		*Selective Medical inspections. Cases not examined.	Pupils found to require treatment (excluding dental disease and infestation with vermin.		
		Satisfactory No.	Unsatisfactory No.		For defective vision (excluding squint)	For any other condition recorded at Part II	Total individual pupils
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1968 & later	67	66	1	-	-	7	7
1967	496	496	-	-	28	52	78
1966	647	647	-	-	40	96	125
1965	59	59	-	-	1.	8	8
1964	17	17	-	-	-	3	3
1963	24	24	-	-	2	1	3
1962	26	26	-	-	2	1	3
1961	588	588	-	250	16	46	62
1960	296	296	-	107	13	21	34
1959	38	38	-	-	1	3	4
1958	19	19	-	-	-	1	1
1957 & earlier	141	141	-	-	12	14	26
TOTAL	2,418	2,417	1	357	115	253	354

* Number of pupils considered for selective medical examination found not to warrant a medical examination

CITY

TABLE B - OTHER INSPECTIONS

Number of Special Inspections	2,527
Number of re-inspections	1,527
Total	4,054

TABLE C - INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	32,290
(b) Total number of individual pupils found to be infested	345
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act 1944)	146
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act 1944)	7

CITY

PART II - Defects found by Medical Inspections during the year

PERIODIC AND SPECIAL INSPECTIONS

Defect or Disease		Periodic Inspections				Special Inspections
		Entrants	Leavers	Others	Total	
Skin	T	20	5	5	30	-
	O	21	2	6	29	-
Eyes (a) Vision	T	69	13	33	115	2
	O	118	24	92	234	3
(b) Squint	T	17	-	2	19	-
	O	6	-	-	6	-
(c) Other	T	2	-	-	2	1
	O	5	1	4	10	1
Ears (a) Hearing	T	15	-	5	20	1
	O	62	-	7	69	-
(b) Otitis Media	T	3	-	1	4	1
	O	3	-	-	3	2
(c) Other	T	-	-	-	-	-
	O	1	-	-	1	1
Nose and Throat	T	24	1	8	33	-
	O	92	3	25	120	3
Speech	T	23	-	1	24	4
	O	46	2	-	48	4
Lymphatic Glands	T	-	-	-	-	-
	O	38	1	1	40	-
Heart	T	8	3	-	11	2
	O	35	3	6	44	2
Lungs	T	17	1	4	22	2
	O	10	3	9	22	2
Developmental (a) Hernia	T	7	-	-	7	1
	O	21	-	2	23	1
(b) Other	T	9	-	19	28	2
	O	36	1	31	68	4
Orthopaedic (a) Posture	T	1	-	1	2	-
	O	13	1	2	16	-
(b) Feet	T	7	3	1	11	-
	O	23	-	8	31	1
(c) Other	T	1	2	5	8	1
	O	7	1	6	14	1

CITY

PART II - Defects found by Medical Inspections during the year
(continued)

PERIODIC AND SPECIAL INSPECTIONS

Defect or Disease		Periodic Inspections				Special Inspections
		Entrants	Leavers	Others	Total	
Nervous System						
(a) Epilepsy	T	1	-	2	3	7
	O	4	1	3	8	4
(b) Other	T	5	-	9	14	1
	O	31	-	9	40	6
Psychological						
(a) Development	T	-	-	3	3	1
	O	11	1	5	17	19
(b) Stability	T	2	-	1	3	-
	O	13	-	4	17	7
Abdomen	T	3	-	2	5	-
	O	11	-	7	18	-
Other	T	1	2	1	4	-
	O	25	5	13	43	-

T = Treatment

O = Observation

PART III - Treatment of Pupils attending Maintained and Assisted
Primary and Secondary Schools (including Nursery and
Special Schools)

TABLE A - EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	8
Errors of refraction (including squint)	9
Total	17
Numbers of pupils for whom spectacles were prescribed	83

TABLE B - DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment	
(a) for diseases of the ear	-
(b) for adenoids and chronic tonsillitis	22
(c) for other nose and throat conditions	10
Received other forms of treatment	-
Total	32
Total number of pupils in schools who are known to have been provided with hearing aids:-	
(a) in 1972	4
(b) in previous years	27

TABLE C - ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or outpatient department	Hospital not able to give figures for City area or for school children separately
(b) Pupils treated at schools for postural defects	

TABLE D - DISEASES OF THE SKIN

	Number of cases known to have been treated
Ringworm (a) Scalp	-
(b) Body	-
Scabies	24
Impetigo	-
Other Skin diseases	-
Total	24

CITY

TABLE E - CHILD PSYCHIATRIC TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Psychiatric Clinics	109

TABLE F - SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by Speech Therapists	276

TABLE G - OTHER TREATMENT GIVEN

	Number of cases known to have been treated
(a) Pupils with minor ailments	-
(b) Pupils who received convalescent treatment under School Health Service arrangements	-
(c) Pupils who received B.C.G. vaccination	977
(d) Other than (a)(b) and (c) above: Enuresis alarms	27
Total	1,004

CITY

DENTAL INSPECTION AND TREATMENT

INSPECTIONS

	Number of Pupils		
	Inspected	Requiring Treatment	Offered Treatment
(a) First inspection-school	1,831	1,706	1,593
(b) First inspection-clinic	1,134		
(c) Re-inspection - school or clinic	409	282	282
Totals	3,374	1,988	1,875

VISITS (for treatment only)

	Ages 5 - 9	Ages 10 - 14	Ages 15 and over	Total
First visit in the calendar year	439	546	122	1,107
Subsequent visits	478	1,408	250	2,136
Total visits	917	1,954	372	3,243

COURSES OF TREATMENT

Additional courses commenced	92	154	26	272
Total courses commenced	531	700	148	1,379
Courses completed				1,298

TREATMENT

Fillings in permanent teeth	220	953	280	1,453
Fillings in deciduous teeth	145	18		163

Permanent teeth filled	184	769	228	1,181
Deciduous teeth filled	138	17		155

Permanent teeth extracted	42	243	67	352
Deciduous teeth extracted	441	204		645

Number of general anaesthetics	152	113	15	280
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Number of emergencies	148	127	25	300
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Number of pupils x-rayed	136
Prophylaxis	394
Teeth otherwise conserved	341
Teeth root filled	3
Inlays	-
Crowns	4

CITY

DENTAL INSPECTION AND TREATMENT (continued)

ORTHODONTICS

New cases commenced during the year	26
Cases completed during the year	21
Cases discontinued during the year	2
Number of removable appliances fitted	42
Number of fixed appliances fitted	-
Number of pupils referred to Hospital Consultants	1

DENTURES

Number of pupils fitted with dentures for the first time:-

(a) with full denture

(b) with other dentures

Ages 5 - 9	Ages 10 - 14	Ages 15 and over	Total
-	-	-	-
3	15	7	25

Total

3	15	7	25
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Number of dentures supplied
(first or subsequent time)

3	15	7	25
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ANAESTHETICS

Number of general anaesthetics administered by Dental Officers

Nil

SESSIONS

	Adminis- trative Sessions	Number of clinical sessions worked in the year					Total Sessions
		School Service			M. & C. W. Service		
		Inspection at school	Treatment	Dental Health Educa- tion	Treatment	Dental Health Educa- tion	
Dental Officers (incl.P.S.D.O.)	77	12	548	-	0	-	643
Dental Auxiliaries				-	-	-	-
Dental Hygienists			-	-	-	-	-
Total	77	12	548	-	0	-	643

